California Free CNA Practice Test with Answers

CNA TestBank · Prepared Nov 28, 2026 · Ref 43UGE2UT

This PDF contains all **25** questions in this exam.

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1. The radial pulse is located

A. behind the knee.

B. below the nipple.

C. on the side of the neck.

D. on the thumb side of the wrist.

Answer: D. on the thumb side of the wrist.

The radial pulse is felt on the thumb side of the wrist, where the radial artery runs close to the skin.

When taking a radial pulse, the aide places two fingertips lightly along the inner wrist on the thumb side, pressing just firmly enough to feel the beats. This spot is easy to reach, comfortable for the resident, and safe to use for routine pulse checks. Knowing the exact location helps the aide count an accurate pulse rate and rhythm, which is a core vital sign skill.

A) behind the knee

The pulse felt behind the knee is the popliteal pulse, a different site used in some specialized assessments. It sits in the crease at the back of the knee, not at the wrist, so it does not match the radial location.

B) below the nipple

This describes the area where the apical pulse is heard with a stethoscope over the heart. It is a chest location rather than a wrist site, so it does not fit the radial pulse.

C) on the side of the neck

The pulse on the side of the neck is the carotid pulse, felt beside the windpipe. It is a separate site from the radial artery and is not located on the wrist.

Conclusion

Remember that the radial pulse is found on the thumb side of the wrist, and linking each pulse site to its body location will help you answer vital sign questions with confidence.

2. How many hours of in-service training or continuing education must a California CNA generally document during each two-year certification period?

A. 12 hours

B. 24 hours

C. 48 hours

D. 100 hours

Answer: C. 48 hours

A California CNA generally must document 48 hours of in-service training or continuing education during each two-year certification period.

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California requires nurse aides to complete a set number of continuing education hours to renew their certification every two years. The total is 48 hours, which works out to about 24 hours per year. This training keeps skills current, reviews infection control and safety practices, and ensures aides stay familiar with changes in care standards. CNAs should keep documentation of these hours because they may be asked to show proof during renewal.

A) 12 hours

Twelve hours sounds manageable and may seem like a reasonable minimum for part-time workers, but it falls far short of what California expects over a two-year period. Choosing this number likely comes from guessing a low, easy-to-reach total rather than recalling the actual requirement.

B) 24 hours

Twenty-four hours is a tempting choice because it equals roughly one hour per month, which feels balanced and realistic. However, California's two-year total is higher than this, so this figure reflects only about half of the required hours.

D) 100 hours

One hundred hours may seem plausible because initial CNA training programs involve a large number of hours, and people sometimes confuse training requirements with renewal requirements. Continuing education for renewal is far less than initial certification training, so this number is much too high.

Conclusion

Remember that California CNAs need 48 hours of continuing education across each two-year certification period, and keeping good records of those hours protects your ability to renew on time.

3. When the nurse aide reports an incident, it is important that it

A. includes the nurse aide's opinion about what caused the incident.

B. has suggestions for preventing future incidents.

C. is completed within two weeks.

D. is factual.

Answer: D. is factual.

An incident report should be factual, describing exactly what happened without opinion or guesswork.

Incident reports are legal records, so the nurse aide should write only what was seen, heard, and done, using clear, objective language. Facts such as the time, location, who was present, and what the resident said or did help the care team and facility investigate and prevent future problems. Personal opinions, guesses about causes, and suggestions for prevention do not belong in the aide's report because they can be inaccurate or biased and may create legal problems. Reports should also be completed promptly, right after the incident, while details are fresh, not weeks later.

A) Opinion about the cause

Stating what you believe caused the incident feels helpful, but it is a guess rather than an observation. Incident reports should contain only factual details, and opinions can be misleading or unfair to others. This option tempts aides who want to explain the situation, but cause analysis is the job of the investigating team.

B) Suggestions for preventing future incidents

Offering prevention ideas seems constructive, yet it goes beyond the aide's role in the report. The report documents what happened; the care team and facility leadership decide on prevention strategies after reviewing the facts. Mixing suggestions into the report can blur the factual record.

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C) Completed within two weeks

A two-week timeline sounds reasonable for paperwork, but incident reports should be completed as soon as possible after the event, while memory is accurate. Waiting weeks risks lost details and delays the facility's response. This option tempts aides who think of reports as routine paperwork rather than urgent documentation.

Conclusion

Remember that incident reports are objective, timely records: write only the facts you observed, complete the report promptly, and leave opinions and prevention planning to the investigative team.

4. Under current California CNA renewal guidance, at least how many of the required 48 education hours must be completed in each year of the two-year certification period?

A. 4 hours

B. 8 hours

C. 12 hours

D. 24 hours

Answer: C. 12 hours

At least 12 of the required 48 education hours must be completed in each year of the two-year certification period.

California requires CNAs to complete 48 hours of approved continuing education every two years to renew certification. Those hours are split across the two-year cycle so that learning stays current rather than being crammed in at the end. Completing at least 12 hours in each year keeps you on pace and ensures you are meeting the yearly minimum, with the remaining hours finished by the end of the full cycle. Tracking your hours as you go helps you avoid a last-minute scramble and keeps your renewal on schedule.

A) 4 hours

Four hours per year falls well short of the yearly minimum and would leave too much of the 48-hour requirement unfinished. It may seem appealing because it sounds like a small, easy-to-fit commitment, but it does not satisfy the renewal guidance.

B) 8 hours

Eight hours per year is still below the required yearly minimum. It can look reasonable because it divides the total into smaller chunks, but it does not meet the standard for each year of the certification period.

D) 24 hours

Twenty-four hours per year would mean completing the entire 48-hour requirement in just one year, leaving no hours for the second year. It may seem logical because it splits the total evenly, but the guidance calls for a minimum in each year, not the full amount in one year.

Conclusion

Remember that California CNAs must complete 48 continuing education hours per renewal cycle, with at least 12 hours in each year. Knowing the yearly minimum helps you plan your education and renew on time without stress.

5. Older residents are more likely to develop constipation unless they:

A. offer adequate fluids

B. decrease their activity

C. increase intake of milk

D. offer more frequent snacks

Answer: A. offer adequate fluids

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Offering adequate fluids helps prevent constipation in older residents.

As people age, bowel function slows and the sensation of thirst often decreases, so older adults may not drink enough on their own. Adequate fluid intake keeps stool soft and helps the intestines move waste along. CNAs support this by offering fluids regularly throughout the day, including with meals and between meals, and by encouraging residents to drink even when they do not feel thirsty. This is a simple, within-scope action that directly reduces the risk of constipation.

B) Decrease their activity

Reducing activity would slow the bowels further, since movement and exercise help stimulate normal bowel function. This option may seem appealing because rest is important for frail residents, but less activity generally worsens constipation rather than preventing it.

C) Increase intake of milk

Milk does not reliably prevent constipation and, in some people, extra dairy can contribute to harder stools. This choice may seem healthy because milk is nutritious, but it is not the key factor in keeping bowel movements regular.

D) Offer more frequent snacks

Extra snacks alone do not address constipation unless they include fiber and fluids, and frequent snacking without balanced nutrition can add empty calories. This option may seem helpful because it increases intake, but the type and fluid content of what is offered matters more than frequency.

Conclusion

For older residents, regular offers of fluids are a core, practical way to prevent constipation. Remember that hydration supports soft stools and healthy bowel function, while inactivity and poor fluid intake make the problem worse.

6. Under current California CNA renewal guidance, what is the maximum number of the required 48 education hours that may be obtained through a CDPH-approved online computer training program?

A. 12 hours

B. 24 hours

C. 36 hours

D. 48 hours

Answer: B. 24 hours

Under current California CNA renewal guidance, the maximum number of the required 48 education hours that may be obtained through a CDPH-approved online computer training program is 24 hours.

California requires CNAs to complete 48 hours of continuing education for renewal. The California Department of Public Health (CDPH) allows up to half of these hours—24 hours—to be earned through a CDPH-approved online computer training program. This means the remaining 24 hours must be completed through in-person or other approved methods. This limit ensures that CNAs receive a balanced mix of hands-on and online learning to maintain clinical competence.

A) 12 hours

While 12 hours is a plausible number, it is less than the allowed maximum. The CDPH permits up to 24 hours online, so 12 hours would be a conservative choice but not the maximum. This option may seem tempting because it is a round number and represents a portion of the total, but it does not reflect the full allowance.

C) 36 hours

36 hours exceeds the maximum permitted for online training. The CDPH limits online hours to 24, so 36 hours would not be acceptable. This option might be chosen if one assumes that most of the hours can be online, but the regulation specifically caps it at half of the total

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requirement.

D) 48 hours

48 hours represents the entire continuing education requirement, but the CDPH does not allow all hours to be obtained online. At least 24 hours must be completed through other approved methods. This option may seem tempting because it is the total number of required hours, but it is not the maximum allowed for online training.

Conclusion

For California CNA renewal, remember that only 24 of the 48 required education hours can be completed through a CDPH-approved online program. This ensures a balance of learning methods and maintains hands-on skills. Test-takers should note this specific limit to avoid selecting a number that is either too low or exceeds the cap.

7. Which of the following statements is true about the grief process?

A. It is a process that takes a year to complete.

B. The process is unique to people with cancer.

C. The process is determined by the person's illness.

D. It is a reaction to many kinds of loss to include death and health.

Answer: D. It is a reaction to many kinds of loss to include death and health.

Grief is a reaction to many kinds of loss, including death and changes in health.

Grief is a natural response to loss of any kind, not just death. A resident may grieve the loss of independence, a body part, a role in the family, a home, or a sense of health and normalcy. As a CNA, you may see grief expressed through sadness, anger, withdrawal, or changes in appetite and sleep. Recognizing that grief has many sources helps you respond with patience and report changes to the nurse so the care team can support the resident.

A) Takes a year to complete

Grief does not follow a fixed timeline. Some people move through intense feelings in weeks, while others experience waves of grief for months or years, especially around anniversaries and holidays. A set time limit can make a resident feel rushed or judged for still grieving, so care should be based on the person's individual needs rather than a calendar.

B) Unique to people with cancer

Grief can affect anyone facing any serious illness, disability, or loss, as well as family and caregivers. Limiting grief to cancer overlooks residents with heart disease, dementia, kidney failure, or sudden injuries who also experience loss. This option may seem plausible because cancer is often associated with death, but the grief response is not tied to one diagnosis.

C) Determined by the person's illness

The illness may shape some circumstances of loss, but grief is shaped mainly by the person's culture, beliefs, relationships, coping style, and past experiences with loss. Two residents with the same diagnosis may grieve very differently. Assuming the illness alone determines grief can lead to missed emotional needs and less individualized support.

Conclusion

Remember that grief is a broad, personal response to many types of loss, not a one-year task, a cancer-only experience, or something dictated by a diagnosis. Recognizing this helps CNAs provide respectful, individualized end-of-life and loss-related care.

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8. A California CNA's certificate has expired. What should the CNA do before working as a CNA?

A. Continue working until renewal is processed

B. Follow the current CDPH renewal or reactivation requirements and avoid working as a CNA while the certificate is expired

C. Work under another CNA's certificate

D. Ignore the expiration date

Answer: B. Follow the current CDPH renewal or reactivation requirements and avoid working as a CNA while the certificate is expired

Follow the current CDPH renewal or reactivation requirements and avoid working as a CNA while the certificate is expired.

A CNA certificate is a legal credential, and once it expires the person is no longer authorized to perform CNA duties. In California, the CDPH sets the rules for renewal and reactivation, so the CNA must contact CDPH or check its current guidance, complete whatever renewal or reactivation steps apply, and stay out of the CNA role until the certificate is active again. Working during a lapse can put residents at risk and can expose the aide to discipline or legal consequences, so verifying status and following official instructions is the safe and professional choice.

A) Continue working until renewal is processed

This feels convenient because renewal paperwork may already be underway, but an expired certificate means the legal authority to work has lapsed. Processing time does not extend the credential, so continuing to provide care during that gap is practicing without a valid certificate and can lead to citations or loss of eligibility.

C) Work under another CNA's certificate

This may seem like a way to keep shifts covered, but a certificate belongs to one individual and cannot be borrowed or shared. Providing care under someone else's credential is misrepresentation and puts both aides and the facility at serious risk.

D) Ignore the expiration date

Overlooking a date on a certificate can happen easily in a busy workplace, yet expiration dates define when the legal right to practice ends. Ignoring it does not change the CNA's status and can result in unlicensed practice, so the date must be checked and acted on promptly.

Conclusion

Remember that a CNA certificate must be current before any care is given; when it expires, the aide should follow CDPH renewal or reactivation steps and refrain from CNA work until the certificate is valid again.

9. A resident has which of the following rights?

A. To be free from physical and chemical restraints

B. To have a private room

C. To smoke when and where the resident wants to smoke

D. To have guests stay overnight at the facility

Answer: A. To be free from physical and chemical restraints

A resident has the right to be free from physical and chemical restraints.

Resident rights are protected by federal law and state regulations. Every resident has the right to be free from unnecessary physical restraints and chemical restraints used for discipline or convenience. Restraints may only be used when medically necessary to treat a medical symptom, ordered by a provider, and used in the least restrictive way to keep the resident safe. CNAs should know that promoting dignity, safety, and freedom of movement is part of protecting resident rights, and any restraint use must follow facility policy and care planning.

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B) Private room

A private room can be requested and may be available, but it is not a guaranteed right for every resident. Facilities may assign shared rooms based on availability, medical needs, and payment arrangements. This option sounds appealing because privacy is important, but it is not one of the fundamental rights listed here.

C) Smoking when and where the resident wants

Smoking is not an unlimited right. Facilities must follow fire safety rules and smoking policies, and smoking may be restricted to certain areas or times for the safety of all residents and staff. This option may seem like a personal freedom, but resident rights do not override facility safety regulations.

D) Overnight guests

Residents have visitation rights, but overnight guests are not a guaranteed right in all facilities. Visitation policies vary and may include reasonable limits for safety, privacy, and the needs of other residents. This option may seem like a natural extension of visiting rights, but it is not the same as the protected right to be free from restraints.

Conclusion

For CNA exams, remember that freedom from unnecessary physical and chemical restraints is a core resident right. Focus on the rights that protect dignity, safety, and freedom of movement rather than optional conveniences or privileges that depend on facility policy.

10. A California CNA has an expired certificate and needs to reactivate it without meeting the normal renewal requirements. Which pathway may CDPH require for reactivation within the applicable period?

A. No additional action

B. A competency evaluation examination after meeting applicable CDPH requirements

C. Only an employer letter

D. Only a new CPR card

Answer: B. A competency evaluation examination after meeting applicable CDPH requirements

A California CNA with an expired certificate may need to pass a competency evaluation examination after meeting applicable CDPH requirements to reactivate it.

When a California nurse aide certificate lapses and the aide does not qualify for the usual renewal route, CDPH can require the aide to show current competence before the certificate is restored. That means satisfying whatever CDPH requirements apply to the situation and then passing a competency evaluation examination. This protects residents by confirming the aide still has the knowledge and skills needed for safe care, and it keeps the aide working within the legal scope of a certified nurse aide.

A) No additional action

An expired certificate does not simply restore itself, so assuming nothing further is needed leaves the aide practicing without valid certification. This option can seem appealing because the aide was previously certified, but a lapse in certification status requires action before the aide can legally work as a CNA.

C) Only an employer letter

An employer can confirm employment history, but a letter alone does not verify current competency or satisfy CDPH reactivation requirements. This choice is tempting because employers know the aide's work firsthand, yet CDPH controls certification and needs its own approved evidence of competence.

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D) Only a new CPR card

CPR training is a valuable skill, but a CPR card by itself does not demonstrate the full range of nurse aide knowledge and skills that CDPH must confirm. This option may seem sufficient because CPR is required in many care settings, but it does not replace the competency evaluation pathway for reactivation.

Conclusion

For an expired California CNA certificate that cannot be renewed through the normal route, expect CDPH to require meeting applicable requirements plus a competency evaluation examination. Remember that certification status is governed by CDPH, and proving current competence is the key to lawful reactivation.

11. A resident is dying of cancer. Which of the following statements best supports the resident's need for a sense of hope?

A. Everything is going to be okay. You will see.

B. There is a better place for you. Just try focusing on that.

C. There are probably other treatments that could cure your cancer.

D. You seem stronger today. You sat up for 2 hours while visiting with your son.

Answer: D. You seem stronger today. You sat up for 2 hours while visiting with your son.

Offering genuine, specific observations of the resident's current abilities and moments of connection best supports a realistic sense of hope.

Hope at the end of life does not always mean hoping for a cure. It often means finding meaning, comfort, and small achievements in the present. By noticing and naming something real and positive, such as sitting up longer and enjoying time with a son, the CNA helps the resident focus on what is still possible today. This kind of honest, specific encouragement respects the resident's dignity, keeps communication truthful, and stays within the CNA's scope of practice by offering emotional support without making promises about outcomes.

A) Blanket reassurance

Saying everything will be okay can feel dismissive and may not be true. It can shut down the resident's chance to talk about fears, and it offers no real, present-focused encouragement. It may seem kind and comforting, but vague promises often leave a dying person feeling unheard.

B) Focus on an afterlife

Directing the resident to focus on a better place imposes a belief the resident may not share and can come across as pushing the conversation away from present concerns. It may seem spiritual or soothing, but it does not address the resident's own source of hope and can feel invalidating.

C) Suggesting a cure

Implying that other treatments might cure the cancer gives false hope and is not truthful. It can damage trust and may lead the resident to pursue unrealistic expectations. It may seem encouraging, but honesty and realistic support are essential in end-of-life care.

Conclusion

Supporting hope means noticing real, present moments and strengths rather than making promises or imposing beliefs. Choose the response that is truthful, specific, and centered on the resident's own experience.

12. Which agency currently oversees California Certified Nurse Assistant certification?

A. California Department of Public Health

B. California Department of Motor Vehicles

C. California Department of Transportation

D. California Department of Insurance

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Answer: A. California Department of Public Health

The California Department of Public Health oversees California Certified Nurse Assistant certification.

The California Department of Public Health (CDPH) is the state health agency responsible for protecting public health, and its licensing and certification programs include the nurse assistant certification process. A CNA working in California must hold a certificate issued through this agency, which sets training and competency requirements, maintains the registry of certified aides, and handles certification and renewal. Knowing which agency governs your credential matters because it is where you verify your status, report changes, and seek guidance about your practice.

B) California Department of Motor Vehicles

The DMV issues driver licenses and vehicle registrations, not health care credentials. It can seem familiar because it is a state agency that issues official cards, but it has no role in nurse assistant training, testing, or certification.

C) California Department of Transportation

Caltrans plans and maintains roads, highways, and transportation systems. Its name may sound official and statewide, yet it deals with infrastructure rather than health care workforce regulation, so it does not certify nurse assistants.

D) California Department of Insurance

This department regulates insurance companies and agents, not clinical staff. It might be tempting to connect it with health coverage or facilities, but it does not issue or oversee CNA certificates.

Conclusion

Link each credential to the agency whose mission matches it: health care certifications belong with the state public health department, while transportation, motor vehicle, and insurance agencies handle unrelated areas. When a scope-of-practice question names a credential, ask which agency is responsible for protecting public health and regulating that workforce.

13. Bacteria grows best in places that are:

A. cold and wet.

B. cool and dry.

C. hot, sunny and dry.

D. warm, nutrient-rich and moist.

Answer: D. warm, nutrient-rich and moist.

Bacteria thrive in warm, nutrient-rich, and moist environments, so the correct answer is D.

Bacteria need certain conditions to multiply quickly. Warmth speeds up their growth, moisture gives them the water they need to survive, and nutrients provide food for energy and reproduction. This is why areas like the mouth, skin folds, wounds, and damp surfaces in healthcare settings can harbor bacteria. As a CNA, understanding these conditions helps you focus cleaning and hygiene efforts where they matter most, such as keeping surfaces dry, washing hands, and changing soiled linens promptly.

A) Cold and wet

Cold temperatures tend to slow or stop bacterial growth, and while moisture supports survival, cold and wet conditions are not the ideal combination for rapid multiplication. This option may seem tempting because moisture is part of the picture, but the cold part works against growth.

B) Cool and dry

Cool temperatures and dryness are both unfavorable for bacteria, since many organisms need warmth and water to reproduce. This choice might appeal because it sounds like a clean, controlled environment, but it does not describe where bacteria grow best.

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C) Hot, sunny and dry

Dry conditions limit bacterial growth, and direct sunlight can even help kill some organisms. This option may seem tempting because heat is associated with growth, but extreme heat and dryness without moisture do not support thriving bacteria.

Conclusion

Remember that bacteria multiply fastest in warm, moist, nutrient-rich settings. Knowing this helps you target infection control practices like hand hygiene, drying surfaces, and prompt cleanup of body fluids.

14. A California CNA is completing renewal education. Which statement is accurate?

A. All 48 hours may come from any online website

B. The education must meet CDPH requirements, and no more than 24 of the 48 hours may be obtained through a CDPH-approved online computer training program

C. The 48 hours may be replaced by extra work shifts

D. Only facility orientation counts toward the requirement

Answer: B. The education must meet CDPH requirements, and no more than 24 of the 48 hours may be obtained through a CDPH-approved online computer training program

Renewal education must meet CDPH requirements, and no more than 24 of the 48 hours may come from a CDPH-approved online computer training program.

In California, a CNA renewing certification must complete 48 hours of continuing education that the California Department of Public Health (CDPH) approves. The rules allow some flexibility for online learning, but only half of the total hours, up to 24, may be earned through a CDPH-approved online computer training program. The remaining hours must come from other approved sources, such as instructor-led or hands-on training. This balance protects the public by making sure CNAs keep current with both knowledge and practical skills, while still letting them use convenient online options for part of the requirement.

A) Any online website

This choice sounds convenient, and online learning is indeed part of the requirement, but the source matters. Hours from any random website do not count unless the program is approved by CDPH, and even approved online training is capped at 24 hours. Relying on unapproved sites could leave a CNA short of valid hours at renewal time.

C) Extra work shifts

Working additional shifts builds experience, but it does not substitute for the required continuing education hours. Renewal rules call for structured, approved education, not just time on the job. This option can seem appealing because work feels productive, yet it does not satisfy the formal requirement.

D) Only facility orientation

Facility orientation is valuable for learning workplace policies, but it is not the same as the 48 hours of approved renewal education. Orientation alone would not meet the CDPH requirement, and this choice may tempt CNAs who assume any facility training counts.

Conclusion

For renewal, remember that California CNAs need 48 CDPH-approved education hours, with no more than 24 earned through a CDPH-approved online computer training program. Knowing this limit helps you plan valid education and avoid surprises when renewing your certification.

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15. After shaving a male resident with a disposable razor, you should:

A. throw the razor in the resident's trash can

B. discard the razor in a sharps container

C. disinfect the razor for use on another resident

D. discard the razor in a biohazard bag

Answer: B. discard the razor in a sharps container

After shaving a male resident with a disposable razor, place the razor in a sharps container for safe disposal.

A disposable razor has a sharp blade that can cut through skin, gloves, and trash bags, so it belongs in a puncture-resistant sharps container right after use. This protects you, the resident, housekeeping staff, and anyone handling waste from accidental cuts and exposure to blood. Sharps containers are designed to hold used blades safely until they are collected and destroyed properly, which fits standard infection control practice and keeps you within CNA scope by following your facility's disposal policy.

A) Throw the razor in the resident's trash can

A loose razor in a regular trash can stays sharp and can slice the hand or arm of anyone who later empties or handles the bag. It may feel like the quickest, most convenient choice, but ordinary trash is not puncture-resistant and does not protect waste handlers from blood exposure.

C) Disinfect the razor for use on another resident

Disposable razors are meant for single use and cannot be reliably cleaned and disinfected for another person. Reusing one resident's razor on someone else risks spreading bloodborne pathogens and skin infections, and it goes against the single-use design of the item.

D) Discard the razor in a biohazard bag

A biohazard bag is for soft, contaminated items such as soiled dressings or gloves, not for sharp objects. A blade can pierce the bag and injure whoever carries it, so sharps need the rigid, puncture-resistant protection of a sharps container.

Conclusion

Remember that any sharp item, including a disposable razor, goes straight into a sharps container after use. Choosing the puncture-resistant container protects everyone in the chain of care and reflects safe, standard infection control practice.

16. A California CNA training program is updating its curriculum for 2026. Which change is required under current CDPH guidance?

A. Remove dementia content from the curriculum

B. Include at least 2 classroom hours addressing Alzheimer's disease and related dementias

C. Replace all clinical training with online study

D. Reduce supervised clinical training to 20 hours

Answer: B. Include at least 2 classroom hours addressing Alzheimer's disease and related dementias

Current CDPH guidance requires at least 2 classroom hours on Alzheimer's disease and related dementias in the CNA curriculum.

CDPH sets the minimum content and hour requirements for California nurse aide training programs, and dementia care is a mandated topic. Because CNAs spend so much time with residents who have cognitive changes, the curriculum must build a basic foundation in recognizing dementia, communicating effectively, and keeping residents safe. Adding at least two classroom hours reflects that priority and prepares trainees for real duties on the job.

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A) Remove dementia content

This moves in the opposite direction of the requirement. Dementia care is a growing need in long-term care, and dropping it would leave aides unprepared for residents they will encounter daily. It may seem tempting if a program is short on time, but trimming required content is not allowed.

C) Replace clinical training with online study

Supervised hands-on clinical experience is a core part of CNA training and cannot be swapped for online coursework. Skills like safe transfers, feeding, and personal care must be practiced in person under supervision. Online learning can support classroom content but does not replace direct patient care practice.

D) Reduce supervised clinical training to 20 hours

California requires a set minimum number of supervised clinical hours, and 20 hours falls far below that standard. Cutting clinical time would weaken the program and shortchange trainees. It might look appealing as a way to save resources, but it conflicts with state minimums.

Conclusion

For scope-of-practice questions, focus on what state guidance mandates as a minimum. Dementia education is a required classroom topic, while clinical hours and supervised practice remain essential and cannot be reduced or replaced.

17. A California CNA training program is updating its clinical schedule for 2026. Which statement is accurate?

A. At least 4 of the 100 supervised clinical hours must address specified developmental and mental disorders and related conditions

B. No clinical hours may address dementia

C. Only classroom instruction may address mental disorders

D. All 100 clinical hours must address dementia

Answer: A. At least 4 of the 100 supervised clinical hours must address specified developmental and mental disorders and related conditions

California requires at least 4 of the 100 supervised clinical hours to address specified developmental and mental disorders and related conditions.

California CNA programs combine classroom learning with supervised clinical practice, and the clinical portion must include some time focused on developmental and mental disorders and related conditions. This ensures nurse aides gain real-world exposure to residents with conditions such as dementia and other cognitive or behavioral health needs, which they will commonly encounter in long-term care. The requirement is a minimum, not the whole schedule, so programs still devote most clinical hours to general nursing care skills.

B) No clinical hours may address dementia

This option sounds protective, as if limiting exposure keeps students focused on basic skills, but dementia care is a core part of long-term care and must be included in training. Excluding it would leave aides unprepared for the residents they will serve daily.

C) Only classroom instruction may address mental disorders

Restricting mental health topics to the classroom may seem efficient, but clinical experience is where aides practice communication and safety skills with real residents. Hands-on supervised time is required, not just lecture content.

D) All 100 clinical hours must address dementia

This option overstates the requirement. While dementia care is important, the rule sets a minimum number of hours for developmental and mental disorders, leaving the remaining clinical time for other essential nursing skills such as hygiene, mobility, and vital signs.

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Conclusion

Remember that California sets a minimum, not a maximum, for clinical hours on developmental and mental disorders. Knowing the difference between a required portion and the entire schedule helps you answer scope-of-practice questions accurately.

18. A CNA discovers that an intake amount was entered incorrectly in the medical record. What should the CNA do?

A. Erase the entry so no one notices

B. Follow facility procedures for correcting the documentation and report the error as required

C. Ask another CNA to sign for the correction

D. Leave the incorrect entry unchanged

Answer: B. Follow facility procedures for correcting the documentation and report the error as required

Follow facility procedures for correcting the documentation and report the error as required.

Accurate intake records guide hydration status, nutrition planning, and medication timing, so an error in the chart matters for the whole care team. The safe, professional response is to own the mistake, notify the nurse or supervisor as facility policy requires, and correct the entry using the approved method, such as a single line through the error with your initials, date, and time, or the electronic equivalent. This keeps the record truthful, shows accountability, and protects the resident from decisions based on wrong information.

A) Erase the entry so no one notices

Erasing or covering up an entry destroys the legal record and looks like hiding a mistake, which can harm trust and even trigger disciplinary action. It may seem like a quick way to avoid trouble, but transparency is what keeps both the resident and the CNA safe.

C) Ask another CNA to sign for the correction

Having someone else sign for your entry is falsifying documentation and misrepresents who did the work. It may feel like a shortcut or a favor between coworkers, but each CNA is accountable for their own charting, and a signature must reflect the person who actually performed and recorded the care.

D) Leave the incorrect entry unchanged

Leaving a known error in place lets inaccurate information guide care and can affect the resident's treatment plan. It may seem harmless or like someone else's responsibility, but once you notice an error, reporting and correcting it through proper channels is part of your duty.

Conclusion

Documentation errors happen, and the mark of a professional is honesty and following the facility's correction process. Report the mistake, correct it the approved way, and never erase, alter, or have someone else sign for your entries.

19. A resident uses a walker. Which action best promotes safe ambulation?

A. Move the walker far ahead of the resident

B. Ensure the walker is positioned appropriately and use the prescribed assistance technique

C. Pull the resident forward by the arms

D. Tell the resident to walk without the walker to build strength

Answer: B. Ensure the walker is positioned appropriately and use the prescribed assistance technique

Ensuring the walker is positioned appropriately and using the prescribed assistance technique best promotes safe ambulation.

Safe walking with a walker depends on proper setup and correct body mechanics. The walker should be the right height for the resident, placed a comfortable step ahead, and used with the technique the care plan or therapist prescribed. The CNA stays close, guards the resident, and

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follows the plan of care so the resident moves steadily without losing balance. Positioning and technique work together to prevent falls and keep the resident stable.

A) Move the walker far ahead of the resident

Placing the walker too far forward shifts the resident's weight and reach beyond a stable base, which raises the risk of tipping or falling. It can seem helpful to cover more ground quickly, but control and balance matter more than distance.

C) Pull the resident forward by the arms

Pulling someone by the arms takes away their own balance control and can cause injury to the resident or the caregiver. It may look like a quick way to get the resident moving, but it does not support safe, independent walking.

D) Tell the resident to walk without the walker to build strength

A prescribed walker is part of the resident's care plan for safety and support. Removing it without an order ignores the plan of care and increases fall risk. Building strength should happen through approved therapy, not by dropping needed equipment.

Conclusion

For walker questions, choose the answer that keeps the device properly fitted and positioned and follows the prescribed technique. Safe ambulation means supporting the resident's own balance, not rushing, pulling, or removing needed equipment.

20. Which statement best describes the California CNA training structure?

A. Clinical training is optional if classroom work is completed

B. The approved program includes both classroom theory and supervised clinical training

C. Only online self-study is required

D. Clinical training can be replaced entirely by a written examination

Answer: B. The approved program includes both classroom theory and supervised clinical training

The approved program includes both classroom theory and supervised clinical training.

California requires CNA candidates to complete an approved training program that combines classroom instruction with supervised hands-on clinical experience. This blend builds the knowledge base and the practical skills needed to provide safe, competent care to residents and patients. Both parts are required, and one cannot substitute for the other.

A) Clinical training is optional

This option suggests that finishing classroom work alone is enough to complete training. In reality, supervised clinical practice is a required part of the program, since skills like positioning, feeding assistance, and infection control must be practiced under supervision before a candidate can be certified.

C) Only online self-study is required

Online self-study may support learning, but it cannot replace the supervised clinical hours that give candidates real experience with patients. This choice may seem appealing because online learning is convenient, but it does not meet the hands-on training requirement.

D) Clinical training can be replaced by a written examination

A written exam tests knowledge but does not demonstrate that a candidate can safely perform direct care tasks. This option may tempt test-takers who focus on test-taking, but the certification process requires both training components and a skills evaluation, not an exam in place of clinical hours.

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Conclusion

Remember that California CNA training always pairs classroom theory with supervised clinical practice, and neither part can be skipped or swapped for something else.

21. A resident can wash the face independently but needs help with the rest of a bath. What should the CNA do?

A. Perform the entire bath without involving the resident

B. Encourage the resident to wash the face while assisting with the areas the resident cannot safely reach

C. Refuse to help with any bathing

D. Tell the resident independence is not important

Answer: B. Encourage the resident to wash the face while assisting with the areas the resident cannot safely reach

The CNA should encourage the resident to wash the face while assisting with the areas the resident cannot safely reach.

Promoting independence is a core part of person-centered care. When a resident can safely perform part of a task, allowing them to do that part supports dignity, self-esteem, and function. The CNA should set up supplies, provide privacy, and stand by to help with the areas the resident cannot reach, such as the back, feet, or lower body, while following the care plan and reporting any changes in ability.

A) Perform the entire bath without involving the resident

Doing everything for the resident may seem faster or safer, but it removes independence the resident still has. Taking over tasks a resident can do themselves can lower self-esteem and speed up loss of function. The CNA should support what the resident can do rather than replace it.

C) Refuse to help with any bathing

Refusing care leaves the resident's hygiene and skin health at risk and falls outside the CNA's role. It may seem like a way to respect independence, but independence is supported within safe limits, not by withdrawing needed help.

D) Tell the resident independence is not important

This dismisses the resident's dignity and preferences. It may seem like a quick way to justify doing the whole bath, but it undermines trust and person-centered care. The CNA should encourage independence wherever it is safe.

Conclusion

Support the resident in doing what they can safely do, and assist only with the parts they cannot manage. This balances safety, dignity, and independence in daily care.

22. A CNA employed in a skilled nursing facility attends an approved in-service outside the CNA's regularly scheduled shift. What does current California guidance require regarding compensation?

A. The CNA must attend without pay

B. The CNA must be paid at least the normal hourly wage when applicable under the facility in-service requirements

C. The CNA must pay the facility

D. The CNA receives only meal credit

Answer: B. The CNA must be paid at least the normal hourly wage when applicable under the facility in-service requirements

Under current California guidance, a CNA attending an approved in-service outside the regular shift must be paid at least the normal hourly wage when the facility requires the in-service.

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In California, when an employer requires an employee to attend training or an in-service, that time generally counts as hours worked and must be compensated. This is especially true when the in-service is mandatory for the CNA's job or required by the facility. The pay should be at least the CNA's normal hourly wage, and the time may also count toward overtime if applicable. CNAs should keep track of required trainings and ask a supervisor or human resources representative if they are unsure whether a session is mandatory and how it will be paid.

A) Attend without pay

This option may seem appealing because some trainings are described as voluntary or are scheduled away from the regular shift. However, when the facility requires the in-service, the time is generally treated as work time and should be compensated. Assuming all outside trainings are unpaid can lead a CNA to give up pay they are entitled to receive.

C) Pay the facility

This choice may seem possible if the facility charges for materials or registration, but the question asks about compensation for the CNA's attendance. Required in-service time is not something the CNA should have to pay the facility to complete. This option reverses the direction of payment and does not reflect standard wage protections.

D) Receive only meal credit

Meal credit is not a substitute for wages when an employee is required to attend training. This option may seem tempting because meals are sometimes provided at long in-services, but a meal does not satisfy the employer's obligation to pay for required work time. Compensation should be based on wages, not on food or other small perks.

Conclusion

Remember that required in-service time is generally work time. When a facility requires a CNA to attend training outside the regular shift, the CNA should expect at least the normal hourly wage when applicable under California guidance. Knowing this helps CNAs protect their pay and understand their rights within the scope of practice.

23. A California skilled nursing facility provides CNA in-service education. What minimum amount of varied in-service training must be made available each year to CNA employees under current CDPH guidance?

A. 12 hours

B. 24 hours

C. 48 hours

D. 60 hours

Answer: B. 24 hours

Under current CDPH guidance, a California skilled nursing facility must make at least 24 hours of varied in-service training available to CNA employees each year.

California requires nurse aides working in skilled nursing facilities to receive ongoing education beyond their initial certification. The regulation sets a minimum of 24 hours of in-service training per year, and the content must be varied rather than repeating the same topic. This yearly education keeps CNAs current on infection control, resident rights, safety, and changes in care practices, and it supports the quality of care residents receive. Facilities are responsible for making this training available, and CNAs should track their hours so they stay in good standing.

A) 12 hours

Twelve hours may seem like a reasonable yearly refresher, especially since some other states set lower minimums. However, California's requirement is higher than this, so 12 hours would not meet the CDPH minimum for CNA in-service education.

C) 48 hours

Forty-eight hours sounds thorough and may be tempting because more training can feel safer. Still, this number exceeds the state minimum and is not the figure CDPH uses for annual CNA in-service training, so it would overstate the requirement.

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D) 60 hours

Sixty hours may be confused with the total hours of a CNA training program rather than yearly in-service education. That larger number applies to initial certification training, not the annual in-service minimum, so it does not match the CDPH guidance.

Conclusion

Remember that California skilled nursing facilities must provide CNAs with at least 24 hours of varied in-service training each year. Knowing this number helps CNAs confirm their facility is meeting state requirements and keeps their certification and knowledge current.

24. Which statement about online CNA continuing education in California is accurate?

A. Any website can provide qualifying online CEUs

B. Only CDPH-approved online computer training programs may provide the online hours that count toward the applicable CNA renewal requirement

C. Online education is never permitted

D. All 48 hours must be online

Answer: B. Only CDPH-approved online computer training programs may provide the online hours that count toward the applicable CNA renewal requirement

Only CDPH-approved online computer training programs may provide the online hours that count toward the applicable CNA renewal requirement.

In California, the Department of Public Health (CDPH) sets the rules for renewing a CNA certificate, including how continuing education hours can be earned. Online learning is allowed, but the program offering it must be approved by CDPH, so the hours are recognized toward renewal. A CNA should confirm a program's approval status before paying for or completing online courses, because hours from a non-approved source will not count. This protects the public by making sure CNAs receive training that meets state standards.

A) Any website can provide qualifying online CEUs

It is easy to assume that any course labeled as continuing education will count, since many websites advertise CEUs. However, approval matters more than the label, and hours from a site without CDPH approval do not qualify toward renewal. Checking the approval status before enrolling avoids wasted time and money.

C) Online education is never permitted

This sounds cautious and safety-focused, which makes it tempting. In reality, California does allow online continuing education when it comes from a CDPH-approved program, so a blanket ban does not reflect the actual rules.

D) All 48 hours must be online

This option overstates what the rules require. The renewal requirement allows a mix of approved learning formats, and there is no rule that every hour must be completed online. Assuming all hours must be online could lead a CNA to choose courses that do not fit the actual requirement.

Conclusion

For renewal questions, focus on who approves the training, not just whether it is online. In California, online continuing education counts only when it comes from a CDPH-approved program, so verify approval before enrolling.

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25. Which statement about a California CNA certificate is accurate?

A. A CNA may continue working indefinitely after expiration

B. The certificate must be renewed according to CDPH requirements before the CNA works with an expired certification

C. A CNA certificate never expires

D. Only the employer decides whether an expired certificate is valid

Answer: B. The certificate must be renewed according to CDPH requirements before the CNA works with an expired certification

A California CNA certificate must be renewed according to CDPH requirements before the CNA works with an expired certification.

In California, the CNA certificate is a time-limited credential regulated by the California Department of Public Health (CDPH). It does not stay valid on its own, and the responsibility for keeping it current rests with the aide, not the facility. Working with a lapsed certificate puts residents at risk by placing an uncredentialed worker at the bedside and can lead to removal from the nurse aide registry, loss of employment, and possible legal consequences. The safe and professional habit is to track the expiration date, complete the required renewal steps (including any required continuing education and fees) well ahead of time, and confirm the new certificate is active before providing any direct care.

A) Continue working indefinitely after expiration

This choice reflects a common misunderstanding that once certified, an aide stays certified for life. Certificates carry an expiration date, and continuing to work past it means providing care without a valid credential, which jeopardizes both the aide and the residents. The idea can feel tempting because experienced aides may assume their skills and tenure protect them, but experience does not extend a certificate.

C) A CNA certificate never expires

This is a frequent trap because some professional licenses in other fields have long or indefinite terms, and aides who have held certification for years may not have thought about renewal. In California, the certificate is a renewable credential with a defined cycle, so this statement does not match CDPH rules. Believing it could lead an aide to let a certificate lapse without realizing it.

D) Only the employer decides whether an expired certificate is valid

Employers do verify credentials and may set their own hiring policies, but they cannot make an expired state certificate valid. Validity is determined by CDPH, not by a facility's preference or staffing needs. This option can seem plausible because supervisors often handle paperwork and scheduling, but the authority to certify and renew belongs to the state, and an employer's acceptance does not create legal permission to work.

Conclusion

Remember that a CNA certificate is a state-issued credential with an expiration date, and renewal through CDPH is the aide's responsibility before providing care. When a question asks about certificate validity, look for the answer that ties renewal to the state authority rather than to time, assumption, or employer discretion.

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