Free CNA practice test Florida

CNA TestBank · Prepared Nov 29, 2026 · Ref CVE1JQX1

This PDF contains all **20** questions in this exam.

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1. A resident begins having a seizure while seated in a chair. What should the CNA do?

A. Restrain the resident's movements

B. Protect the resident from nearby hazards and activate emergency assistance according to facility procedure

C. Place an object in the resident's mouth

D. Give the resident water during the seizure

Answer: B. Protect the resident from nearby hazards and activate emergency assistance according to facility procedure

Protect the resident from nearby hazards and activate emergency assistance according to facility procedure.

During a seizure, the CNA's priority is keeping the resident safe while the seizure runs its course. Move or cushion nearby objects that could cause injury, support the resident so they do not fall from the chair, loosen tight clothing around the neck, and time the seizure. Stay with the resident and call for help following the facility's emergency plan. After the seizure ends, place the resident in a side-lying position if possible to keep the airway clear, and report the event to the nurse.

A) Restrain the resident's movements

Holding a resident down during a seizure can cause serious injury, such as fractures or muscle damage, and does not stop the seizure. It may seem protective to try to control the movements, but the safer approach is to guide the resident away from danger and let the seizure finish.

C) Place an object in the resident's mouth

Putting anything in the mouth can break teeth, injure the jaw, or cause choking if the object breaks apart. This idea comes from an old myth about preventing tongue biting, but the jaw muscles are too strong during a seizure and the risk of harm is high.

D) Give the resident water during the seizure

A resident having a seizure cannot swallow safely, so water can enter the airway and cause choking or aspiration. Offering fluids may seem like a kind way to help, but nothing should go into the mouth until the seizure has fully ended and the resident is alert.

Conclusion

For a seizure, focus on safety: clear hazards, protect the resident from falling, time the event, and get emergency help per facility policy. Never restrain the resident or put anything in the mouth.

2. A resident asks the CNA whether a new symptom means the resident has a particular disease. What is the best response?

A. Give the resident a likely diagnosis

B. Explain that the CNA cannot diagnose the condition and report the symptom to the nurse

C. Search online and diagnose the condition

D. Tell the resident that the symptom is harmless

Answer: B. Explain that the CNA cannot diagnose the condition and report the symptom to the nurse

The CNA should explain that diagnosing is outside the CNA's role and report the new symptom to the nurse.

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CNAs are trained to observe and report changes, not to interpret symptoms or name diseases. When a resident asks about a diagnosis, the safe and honest response is to say that only the nurse or doctor can determine what the symptom means, then promptly report the new symptom to the nurse so it can be assessed. This protects the resident from misinformation and keeps the care team informed.

A) Give the resident a likely diagnosis

Offering a guess may feel helpful and reassuring in the moment, but it goes beyond the CNA's scope and can frighten or falsely reassure the resident. A wrong guess can also delay proper evaluation by the nurse.

C) Search online and diagnose the condition

Online information is general and not specific to this resident's health history, medications, or exam findings. Relying on it can lead to inaccurate conclusions and missed warning signs that the nurse needs to assess.

D) Tell the resident that the symptom is harmless

This may seem kind because it calms the resident, but the CNA cannot know whether a symptom is harmless. Dismissing it could delay needed care and leave the resident feeling unheard.

Conclusion

Stay within your role: acknowledge the resident's concern, explain that diagnosis is for the nurse or doctor, and report the symptom right away. Observing and reporting is the CNA's responsibility, and it keeps the resident safe.

3. When providing oral care to a resident who can perform the task independently but needs supplies prepared, what should the CNA do?

A. Perform the entire task without involving the resident

B. Set up the supplies and encourage the resident to complete the task independently

C. Skip oral care because the resident can do it

D. Tell the resident to obtain the supplies independently

Answer: B. Set up the supplies and encourage the resident to complete the task independently

Set up the supplies and encourage the resident to complete the task independently.

Residents should be supported in doing as much self-care as they safely can. When someone is able to brush their own teeth but needs help getting ready, the CNA's role is to prepare the toothbrush, toothpaste, water, and other items within reach, then encourage the resident to finish the task on their own. This preserves independence, dignity, and self-esteem while still meeting the resident's hygiene needs. The CNA stays nearby to assist if needed and to observe that oral care is completed.

A) Perform the entire task without involving the resident

Doing everything for a resident who can manage the task removes their independence and can lower self-esteem. It may seem efficient or caring, but it goes beyond what the resident needs and takes away an ability they still have.

C) Skip oral care because the resident can do it

Oral care is still part of the resident's daily care plan, and the CNA remains responsible for making sure it happens. Assuming the resident will handle it without any support can lead to missed hygiene and comfort needs.

D) Tell the resident to obtain the supplies independently

This ignores the resident's need for help with setup, which is exactly what the question describes. Expecting the resident to gather supplies alone can be frustrating or unsafe and does not reflect person-centered support.

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Conclusion

Promote independence by preparing what the resident needs and letting them do what they can. Support self-care rather than taking over or stepping away.

4. A resident's bed is raised while the CNA leaves the room after completing care. What should the CNA do if the resident is not receiving a procedure that requires the bed to remain raised?

A. Leave it raised because it is easier for staff

B. Return the bed to the appropriate safe position according to the care plan and facility procedure

C. Raise it higher

D. Remove the call light from the resident

Answer: B. Return the bed to the appropriate safe position according to the care plan and facility procedure

Return the bed to the appropriate safe position according to the care plan and facility procedure.

Beds are raised during care so staff can work at a comfortable height and protect their backs, but once care is finished the bed should be placed back in its safe position, usually low with the side rails positioned as the care plan directs. A bed left high increases the chance that a resident will try to get out or roll out and fall from a greater height, causing serious injury. Following the care plan and facility procedure keeps the resident safe and ensures everyone on the team handles the bed the same way.

A) Leave it raised because it is easier for staff

Staff convenience is never a reason to leave a resident at risk. A raised bed may be easier on a caregiver's back, but that benefit does not outweigh the danger of a fall from height. This choice puts worker comfort ahead of resident safety.

C) Raise it higher

Raising the bed even more increases the distance a resident could fall and makes it harder for the resident to get in and out safely. There is no care reason to raise the bed after care is complete, so this choice adds risk rather than reducing it.

D) Remove the call light from the resident

The call light is a key way for residents to ask for help before attempting to get up alone. Taking it away removes a safeguard and could lead a resident to try an unsafe transfer. This action does nothing to address the height of the bed and creates a new hazard.

Conclusion

Always leave a resident's bed in the safe position set by the care plan and facility policy after care, keeping the bed low and the call light within reach. Resident safety comes before staff convenience every time.

5. A CNA has a small cut on the hand before beginning resident care. What is the appropriate infection-control measure?

A. Leave the cut uncovered

B. Cover the cut appropriately and follow standard precautions and hand-hygiene procedures

C. Wear no gloves during care

D. Avoid hand hygiene because the cut is covered

Answer: B. Cover the cut appropriately and follow standard precautions and hand-hygiene procedures

Cover the cut appropriately and follow standard precautions and hand-hygiene procedures.

A small cut on the hand is a break in the skin, which is the body's first line of defense against germs. Covering it with a bandage or dressing keeps blood and body fluids from contacting residents and keeps germs from entering the CNA's own body. Standard precautions apply to every resident at all times, and hand hygiene remains essential before and after care even when a cut is covered. Together, covering the cut

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and following standard precautions and hand hygiene protect both the CNA and the residents.

A) Leave the cut uncovered

An open cut can leak blood or fluid and can also let germs in, so leaving it exposed creates a risk in both directions. This choice may seem convenient or harmless for a tiny cut, but any break in the skin needs a barrier before resident care begins.

C) Wear no gloves during care

Gloves are part of standard precautions and protect against contact with blood, body fluids, and other potentially infectious material. Skipping gloves may seem acceptable if the CNA plans to wash hands right after, but gloves are still required for tasks where exposure is likely, and they do not replace hand hygiene.

D) Avoid hand hygiene because the cut is covered

Hand hygiene is the single most important step in preventing the spread of infection and is never skipped because of a bandage. A covered cut does not make hands clean, and this option may seem logical if the CNA thinks the dressing provides full protection, but hand hygiene must still be performed before and after care.

Conclusion

Remember that any break in the skin must be covered, and standard precautions plus hand hygiene apply to every resident encounter. Choosing the option that combines covering the cut with routine precautions and hand hygiene reflects safe, expected CNA practice.

6. A resident tells the CNA that a staff member has been yelling at the resident and threatening to withhold care. What should the CNA do?

A. Tell the resident to ignore it

B. Take the concern seriously and report the allegation promptly according to facility procedure

C. Promise the resident that nothing will be reported

D. Discuss the allegation with other residents

Answer: B. Take the concern seriously and report the allegation promptly according to facility procedure

Take the resident's concern seriously and report the allegation promptly according to facility procedure.

When a resident describes yelling and threats to withhold care, that is a reportable allegation of abuse or neglect. The CNA's role is to listen calmly, reassure the resident that the concern is being taken seriously, and report it right away through the facility's chain of command and reporting procedure. The CNA does not investigate, judge whether the allegation is true, or decide the outcome; the priority is protecting the resident and making sure the report reaches the people responsible for acting on it.

A) Tell the resident to ignore it

Dismissing the concern leaves the resident feeling unheard and can allow harmful behavior to continue. It may seem like a way to avoid conflict, but ignoring an allegation of abuse or neglect fails the resident and the CNA's duty to protect them.

C) Promise the resident that nothing will be reported

Promising secrecy can feel kind in the moment, but it conflicts with the CNA's obligation to report allegations of abuse. The CNA should be honest and supportive without making promises that cannot be kept.

D) Discuss the allegation with other residents

Sharing the allegation with other residents spreads private information, can upset or frighten them, and may interfere with a proper investigation. The report belongs only with the appropriate supervisors and authorities, not with peers or other residents.

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Conclusion

Resident safety comes first: listen, take the allegation seriously, and report it promptly through the correct channels. Avoid making promises of secrecy, dismissing the concern, or discussing it with anyone who does not need to know.

7. A CNA notices that another staff member appears to be documenting care that was not performed. What is the most appropriate action?

A. Ignore the issue because it is not the CNA's responsibility

B. Report the concern through the appropriate supervisory or facility process

C. Add the same documentation to the resident's record

D. Delete the other staff member's documentation

Answer: B. Report the concern through the appropriate supervisory or facility process

Report the concern through the appropriate supervisory or facility process.

Documentation must reflect the care that was actually given, so a CNA who sees another staff member charting care that did not happen has a duty to speak up. The safe and professional step is to report the observation to a supervisor or through the facility's established reporting process, such as the nurse in charge or the compliance chain. This keeps the resident's record honest, protects the resident from missed or inappropriate care, and allows the facility to investigate and correct the problem. CNAs do not fix records themselves; they raise concerns through the proper channel and follow facility policy.

A) Ignore the issue

Staying silent may feel like avoiding conflict or staying in your lane, but false documentation can hide missed care and put residents at risk. Every staff member shares responsibility for accurate records, and reporting concerns is part of that duty.

C) Add the same documentation

Copying the entry would spread inaccurate information and make you part of the problem. It may seem like a way to make the record match, but it creates a false chart and can lead to discipline for you as well.

D) Delete the other staff member's documentation

Altering or removing another person's charting is outside CNA scope and can be seen as tampering with a legal record. It may feel like a quick fix, but it destroys evidence and violates facility policy and record-keeping rules.

Conclusion

When documentation does not match the care provided, report it through the proper supervisory or facility process rather than ignoring it, copying it, or deleting it. Accurate reporting protects residents and keeps you within your CNA role.

8. A resident is eating independently but has difficulty opening a sealed juice container. What should the CNA do?

A. Open the container and allow the resident to continue eating independently

B. Feed the entire meal to the resident

C. Remove the juice from the meal

D. Tell the resident to wait until another shift

Answer: A. Open the container and allow the resident to continue eating independently

Open the sealed container for the resident, then let them keep eating on their own to preserve independence.

This resident can eat independently and only needs help with one small barrier: the sealed lid. Assisting with that single task respects the resident's dignity and self-care ability while still meeting the need. CNAs should support independence by doing only what the resident cannot

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do, and then encouraging them to continue. This also keeps the mealtime moving and supports adequate nutrition and hydration.

B) Feed the entire meal to the resident

Feeding the whole meal takes away independence the resident still has and can feel demeaning. It may seem helpful or faster, but it does more for the resident than needed and can reduce self-esteem and future self-feeding ability.

C) Remove the juice from the meal

Taking the juice away limits the resident's fluid intake and choice without solving the problem. It might seem like a simple fix, but the resident wanted the juice, and removing it could contribute to dehydration and dissatisfaction.

D) Tell the resident to wait until another shift

Delaying help leaves the resident unable to drink and may cause frustration or missed hydration. It might seem like a way to avoid overstepping, but a small immediate assist is within CNA scope and better meets the resident's needs.

Conclusion

Help with the specific barrier and let the resident do the rest. Supporting independence during meals is a core CNA responsibility and promotes both dignity and adequate nutrition and hydration.

9. A CNA obtains a blood pressure reading that is markedly different from the resident's usual reading. What is the best response?

A. Change the reading to match the usual value

B. Follow facility procedure for verifying the measurement and report the abnormal finding

C. Tell the resident the reading proves a diagnosis

D. Ignore the result if the resident feels comfortable

Answer: B. Follow facility procedure for verifying the measurement and report the abnormal finding

Following facility procedure to verify the measurement and reporting the abnormal finding is the best response.

A blood pressure that is markedly different from a resident's usual reading may signal a real change in condition, or it could come from a technical problem such as a cuff that is the wrong size, poor positioning, or an equipment issue. The safe approach is to recheck the measurement using the steps your facility requires, then report the finding to the nurse so it can be assessed. CNAs do not diagnose or decide on treatment, but they are responsible for accurate measurement and timely reporting, which protects the resident from both missed problems and unnecessary alarm.

A) Changing the reading to match the usual value

Adjusting a number to fit what you expect to see creates a false record and hides a possible change in the resident's condition. It can feel tempting when a reading looks like an obvious error, but the proper path is to recheck and report, not to alter the value.

C) Telling the resident the reading proves a diagnosis

Making a diagnostic statement goes beyond the CNA role and can frighten or mislead the resident. A single reading does not confirm a diagnosis, and interpreting results is the nurse's or provider's responsibility. Sharing observations factually and letting the care team explain meaning is the appropriate approach.

D) Ignoring the result if the resident feels comfortable

How a resident feels is useful information, but comfort does not rule out a meaningful change in blood pressure. Ignoring an abnormal finding can delay care. The reading should still be verified and reported so the nurse can decide what it means.

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Conclusion

When a vital sign is far from a resident's baseline, verify the measurement using facility procedure and report it promptly. Accurate measurement and clear communication are core CNA duties, while interpreting and diagnosing belong to the nurse and provider.

10. A resident with a prescribed transfer technique begins to lose balance during a transfer. What should the CNA do?

A. Try to catch the resident by pulling upward on the arms

B. Follow the trained emergency transfer or lowering technique and obtain assistance

C. Leave the resident and step away

D. Tell the resident to stand independently

Answer: B. Follow the trained emergency transfer or lowering technique and obtain assistance

Follow the trained emergency transfer or lowering technique and obtain assistance.

When a resident starts to lose balance during a transfer, the safest response is to stay calm and use the emergency technique you were trained for, such as lowering the resident safely to the floor or a nearby surface, then call for help. Trying to stop a fall by force can injure both the resident and the CNA, so the goal is to control the descent and get assistance rather than to catch the person. This keeps the resident as safe as possible and stays within the CNA's scope of practice.

A) Catching the resident by pulling upward on the arms

Pulling up on a falling person's arms can cause shoulder or arm injuries and can pull the CNA off balance too. It feels like the natural instinct to grab and hold on, but a falling adult's weight is far more than a CNA can safely support this way.

C) Leaving the resident and stepping away

Stepping away abandons the resident at the moment they most need help and increases the risk of a hard fall or injury. It may seem like a way to avoid being pulled down, but the trained response is to guide the resident down safely while calling for help.

D) Telling the resident to stand independently

A resident who is already losing balance cannot be expected to suddenly stabilize and stand alone, and this instruction ignores the prescribed transfer technique. It may sound encouraging, but it does not address the immediate safety risk.

Conclusion

Remember that the priority during a loss of balance is a controlled, trained response and getting help, not trying to catch or force the resident upright. Knowing the emergency transfer and lowering steps ahead of time protects both the resident and the CNA.

11. A CNA is assisting a resident with toileting. Which action promotes dignity and privacy?

A. Leave the resident exposed while gathering supplies

B. Provide privacy while remaining available according to the resident's safety needs

C. Keep the bathroom door fully open

D. Discuss the resident's elimination habits with visitors

Answer: B. Provide privacy while remaining available according to the resident's safety needs

Providing privacy while staying available according to the resident's safety needs is the action that promotes dignity and privacy during toileting.

Dignity means treating the resident as a respected person, and privacy means protecting the resident's body and personal information from unnecessary exposure. During toileting, the CNA should close doors and curtains, uncover only the area being cared for, and speak respectfully. At the same time, the CNA must follow the care plan and stay within reach or check on the resident as needed, because some

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residents are at risk for falls or need help. Balancing privacy with safety honors both the resident's rights and the CNA's duty to keep the resident safe.

A) Leaving the resident exposed while gathering supplies

This choice may seem efficient because the CNA is hurrying to get items ready, but it leaves the resident unnecessarily exposed and embarrassed. Supplies should be gathered before care begins or the resident should be covered while the CNA steps away. Exposure without a care-related reason does not respect the resident's dignity.

C) Keeping the bathroom door fully open

An open door may feel easier for watching the resident or hearing calls for help, but it exposes the resident to anyone passing by. Privacy can be maintained while still staying nearby and checking on the resident. A fully open door does not protect the resident's dignity.

D) Discussing the resident's elimination habits with visitors

This may seem like casual conversation or a way to share concerns, but toileting and elimination information is private health information. Sharing it with visitors without the resident's permission violates confidentiality and respect. Concerns should be reported only to the appropriate care team members.

Conclusion

For CNA exam questions about resident rights, look for the choice that protects the resident's body and personal information while still following the care plan for safety. Privacy and safety work together, and dignity is shown through covering the resident, closing doors, and keeping personal care information confidential.

12. Under Florida requirements, how many hours of in-service training must a CNA complete during each biennium?

A. 8 hours

B. 12 hours

C. 18 hours

D. 24 hours

Answer: D. 24 hours

Under Florida requirements, a CNA must complete 24 hours of in-service training during each biennium.

Florida law requires certified nursing assistants to complete 24 hours of in-service training every two years (biennium) to maintain active certification. This training helps CNAs stay current on skills, safety, and resident care practices. The requirement is set by the Florida Board of Nursing and applies to all CNAs renewing their certification.

A) 8 hours

This number is too low and does not meet Florida's requirement. It may seem tempting because some states have lower hour requirements, but Florida specifically mandates 24 hours per biennium.

B) 12 hours

While 12 hours is a common in-service requirement in some other states, it falls short of Florida's standard. Test-takers might confuse Florida's rules with those of another state.

C) 18 hours

This is not the required number in Florida. It may appear plausible because it's between common values, but Florida requires 24 hours, not 18.

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Conclusion

Remember that Florida requires 24 hours of in-service training per biennium for CNA renewal. Knowing your state's specific requirements is essential for maintaining certification.

13. A Florida CNA has not performed nursing-related services for monetary compensation for 24 consecutive months. What is required before the CNA resumes practice under the applicable certification provision?

A. Nothing beyond reporting to the employer

B. Completion of a new training and competency evaluation program or a new competency evaluation program

C. Only completion of a CPR course

D. Only submission of a new employment application

Answer: B. Completion of a new training and competency evaluation program or a new competency evaluation program

A CNA who has not provided nursing-related services for monetary compensation for 24 consecutive months must complete a new training and competency evaluation program or a new competency evaluation program before resuming practice.

Certification rules in Florida and other states are designed to make sure a CNA's skills are still current and safe before returning to patient care. A break of 24 consecutive months without paid nursing-related work is long enough that skills may have faded, so the CNA must show competency again. This can be done either by repeating a full training and competency evaluation program or by completing a competency evaluation program alone, which allows an experienced aide to demonstrate knowledge and skills without retaking the entire course. The key point is that a formal re-evaluation of competency is required, not just paperwork or a short course.

A) Nothing beyond reporting to the employer

This option appeals to the idea that a CNA simply needs to tell a new employer and start work. However, the employer cannot substitute for the state's competency requirement, and a long gap in practice raises real concerns about skill retention. Simply reporting to an employer does not satisfy the requirement to verify competency.

C) Only completion of a CPR course

CPR is an important skill, but it covers only emergency response and does not address the full range of nursing-related services a CNA performs, such as personal care, safety, and infection control. A CPR course alone does not demonstrate overall competency after a long break from practice.

D) Only submission of a new employment application

An employment application is an administrative step, not a measure of clinical competence. It may seem like the easiest path back to work, but it does not confirm that the CNA can still perform nursing-related services safely and effectively.

Conclusion

Remember that a 24-month gap without paid nursing-related services triggers a requirement to prove competency again, either through a new training and competency evaluation program or a competency evaluation program. Administrative steps like an application, CPR, or notifying an employer do not meet that standard.

14. A Florida CNA applicant has failed the CNA competency examination three times. What must happen before another examination attempt?

A. The applicant may immediately retake the failed portion

B. The applicant must complete an approved CNA training program

C. The applicant must obtain an RN license

D. The applicant must work without certification for one year

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Answer: B. The applicant must complete an approved CNA training program

After failing the CNA competency exam three times, the applicant must complete an approved CNA training program before trying again.

State rules set a limit on how many times an applicant can test without additional preparation. Once that limit is reached, the applicant is required to go back through a state-approved training program to refresh skills and knowledge before being eligible for another attempt. This protects residents by making sure the aide has been properly retrained on the core skills and knowledge tested on the exam.

A) Immediately retake the failed portion

This choice sounds convenient and may seem fair to someone eager to try again, but the retake limit exists specifically to prevent repeated attempts without added preparation. Allowing an immediate retake would bypass the retraining requirement that applies after multiple failures.

C) Obtain an RN license

An RN license is a much higher level of licensure and is not part of the path to CNA certification. This option may appeal because it sounds like a way to prove competence, but it does not match the requirement for a CNA applicant and goes far beyond the scope of the role.

D) Work without certification for one year

Working without certification is not permitted for nursing assistants who provide direct resident care, and time spent unlicensed does not satisfy the retraining requirement. This option may seem like a way to gain experience, but it conflicts with certification rules and does not restore testing eligibility.

Conclusion

Remember that repeated exam failures trigger a retraining requirement, not an automatic retake or a different license. Knowing the testing and training rules helps CNAs stay within their scope and follow state requirements correctly.

15. A Florida CNA has completed the required initial medication training and competency process but has not received delegation from a registered nurse. Which action is appropriate?

A. Administer the medication because training alone provides authority

B. Wait for proper delegation before administering the medication

C. Ask the resident to authorize the CNA to administer it

D. Delegate the medication to another CNA

Answer: B. Wait for proper delegation before administering the medication

Wait for proper delegation before administering the medication.

Completing training and competency does not, by itself, give a CNA permission to give medications. In Florida, medication administration by a CNA requires an authorized nurse to delegate that specific task. Until that delegation happens, the safe and appropriate action is to hold off and let the nurse know the resident needs the medication. This protects the resident and keeps the CNA within the legal scope of practice.

A) Training alone provides authority

It is easy to assume that finishing a course means you can start doing the task, but training only prepares you with knowledge and skill. It does not create legal authority to perform a task that requires delegation. Acting before delegation can put the resident at risk and may be considered practicing outside the CNA role.

C) Ask the resident to authorize the CNA

Residents and their families can make choices about their care, but they cannot transfer nursing authority to a CNA. Permission for medication administration must come through the proper delegation process from a qualified nurse, not from the person receiving care.

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D) Delegate the medication to another CNA

Delegation flows from a registered nurse or other authorized nurse to the CNA. A CNA does not have the authority to delegate nursing tasks to another CNA. Passing the task along would not make it permissible and could create a chain of unsafe practice.

Conclusion

Remember that training builds skill, but delegation provides the legal authority to act. When delegation has not been given, the CNA should pause, stay within scope, and communicate with the nurse so the resident still gets safe, timely care.

16. A Florida CNA is being considered for designation as a qualified medication aide in a nursing home. Which additional requirement applies before medication administration under the applicable delegation provisions?

A. The CNA must have held a clear and active CNA certification for at least one year immediately before delegation

B. The CNA must have worked as a physician for one year

C. The CNA must independently prescribe the medication

D. The CNA must complete no additional training if already certified

Answer: A. The CNA must have held a clear and active CNA certification for at least one year immediately before delegation

A Florida CNA must have held a clear and active CNA certification for at least one year immediately before delegation to be designated as a qualified medication aide.

Medication administration by a CNA is a delegated task with extra safeguards. Florida rules require the aide to have an unencumbered, active CNA certification for at least one continuous year right before the delegation begins, along with the required medication training and validation. This ensures the aide has solid bedside experience and a clean certification history before taking on the higher-risk responsibility of giving medications. The CNA still works under nurse supervision and within the facility's policies, and the one-year requirement is a gate that must be met before any medication aide designation is considered.

B) Worked as a physician for one year

A CNA is not a physician, and no delegation rule allows a CNA to substitute physician experience for aide certification. This option may seem tempting because physicians clearly have medication authority, but the question is about the CNA pathway, which is built on CNA certification and medication aide training, not on another profession's credentials.

C) Independently prescribe the medication

Prescribing is outside CNA scope of practice and remains with licensed prescribers such as physicians and advanced practice providers. A medication aide administers medications that have already been ordered, not decides or writes prescriptions. This option may sound appealing because it involves medications, but prescribing and administering are very different responsibilities.

D) Complete no additional training if already certified

Being a certified CNA does not automatically qualify someone to give medications. Additional medication aide training and validation are required, and the one-year active certification requirement must also be satisfied. This option may seem tempting because the CNA already has basic certification, but medication administration carries added risk and requires extra preparation beyond entry-level CNA training.

Conclusion

For CNA test questions about medication aide delegation, remember that extra safeguards apply: a clear and active CNA certification for at least one year immediately before delegation, plus the required medication training. CNAs administer medications only under proper delegation and supervision, never prescribe them, and never skip the additional preparation.

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17. Which statement about Florida CNA examination attempts is accurate?

A. An applicant who fails three attempts can continue testing indefinitely without additional training

B. An applicant who fails the examination three times must complete an approved training program before another examination attempt

C. Only the written examination counts toward the three-attempt limit

D. Only the skills examination counts toward the three-attempt limit

Answer: B. An applicant who fails the examination three times must complete an approved training program before another examination attempt

An applicant who fails the examination three times must complete an approved training program before another examination attempt.

Florida law limits how many times a candidate may test without further preparation. After three unsuccessful attempts at the CNA examination, the applicant is required to complete an approved training program again before being allowed to sit for another attempt. This rule exists to protect residents and patients: a candidate who has not passed after multiple tries likely needs more instruction and supervised practice before providing direct care. It also keeps the testing process fair and ensures that everyone who earns certification has demonstrated the required knowledge and skills.

A) Unlimited attempts without training

This choice sounds generous and might appeal to someone who hopes persistence alone will lead to a pass. In reality, the attempt limit exists so that repeated failures trigger additional education rather than endless retesting, which protects both the candidate and the people they will care for.

C) Only the written examination counts

This option may seem logical if someone assumes the written test is the "real" measure of knowledge. The attempt limit applies to the examination as a whole, so treating only one portion as counting misses the point that both knowledge and hands-on skills matter for safe care.

D) Only the skills examination counts

This choice might tempt candidates who feel confident about book learning and worry only about the hands-on portion. The rule is not split by section; the limit reflects overall performance across the full examination, because both parts are essential to competent practice.

Conclusion

Remember that Florida caps examination attempts at three, after which an approved training program must be completed before testing again. Knowing this rule helps candidates plan their preparation and understand that both the written and skills portions count toward the limit.

18. Which set of topics is included among Florida CNA in-service education requirements?

A. Bloodborne pathogens and infection control, resident rights, communication with cognitively impaired clients, and medical error prevention and safety

B. Prescribing medications, surgery, and anesthesia administration

C. Independent diagnosis, treatment planning, and laboratory interpretation

D. Advanced invasive procedures and physician credentialing

Answer: A. Bloodborne pathogens and infection control, resident rights, communication with cognitively impaired clients, and medical error prevention and safety

Florida CNA in-service education requirements include bloodborne pathogens and infection control, resident rights, communication with cognitively impaired clients, and medical error prevention and safety.

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In-service education for nursing assistants is designed to keep frontline caregivers current on the everyday skills and safety topics that affect residents directly. Infection control and bloodborne pathogen precautions protect both residents and staff from the spread of illness. Resident rights training reinforces dignity, privacy, and choice, which are central to person-centered care. Communication with cognitively impaired clients helps CNAs respond calmly and effectively to residents with dementia or confusion. Medical error prevention and safety training supports careful observation, accurate reporting, and safe routines that reduce harm. These topics all fall within the CNA scope of practice, which focuses on direct personal care, safety, and observation under nurse supervision.

B) Prescribing medications, surgery, and anesthesia administration

These activities belong to licensed providers such as physicians and advanced practice nurses, not to nursing assistants. The wording sounds clinical and important, which can make it seem like a plausible training topic, but CNAs never prescribe or perform surgery or anesthesia.

C) Independent diagnosis, treatment planning, and laboratory interpretation

Diagnosing conditions, building treatment plans, and interpreting lab results require a license and clinical judgment beyond the CNA role. This option can be tempting because CNAs do report changes in condition, but reporting observations is very different from making an independent diagnosis or plan.

D) Advanced invasive procedures and physician credentialing

Advanced invasive procedures are performed by licensed clinicians, and credentialing physicians is an administrative and regulatory function. The technical language may sound like continuing education, but none of these tasks fit the direct-care, safety-focused scope of a nursing assistant.

Conclusion

Focus on the practical, safety-oriented topics that match the CNA role: infection control, resident rights, communication, and error prevention. When an option describes prescribing, diagnosing, invasive procedures, or credentialing, it points to a licensed or administrative role rather than CNA in-service education.

19. A resident suddenly becomes unresponsive and is not breathing normally. Which action should the CNA take first within the CNA's training and facility emergency procedure?

A. Begin routine vital-sign documentation

B. Activate the emergency response system and provide appropriate emergency care within training

C. Offer oral fluids

D. Leave the resident to find the family

Answer: B. Activate the emergency response system and provide appropriate emergency care within training

Activating the emergency response system and providing appropriate emergency care within your training is the first action when a resident is unresponsive and not breathing normally.

When a resident is unresponsive and not breathing normally, this is a life-threatening emergency. The CNA's priority is to get help on the way immediately by calling for the emergency response system (for example, calling a code or 911 per facility policy) while staying with the resident and starting the emergency care the CNA has been trained to provide, such as CPR or rescue breathing if certified and within scope. Time matters in an emergency, so alerting trained responders quickly while giving appropriate care gives the resident the best chance of survival. The CNA should also follow the facility's emergency procedures and document the event afterward, but only after help has been activated and care provided.

A) Begin routine vital-sign documentation

Routine documentation is a normal daily task, so it can feel like the safe, familiar thing to do. In a true emergency, though, paperwork does nothing to help a resident who is not breathing, and delaying the emergency response wastes critical seconds. Documentation comes later, after the emergency has been addressed.

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C) Offer oral fluids

Offering fluids may seem like a caring response to someone who appears unwell. An unresponsive resident cannot swallow safely, and giving anything by mouth risks choking and aspiration. Oral intake has no place in the immediate response to an unresponsive, not-breathing-normally resident.

D) Leave the resident to find the family

Notifying family feels important and responsible, which makes this option tempting. However, leaving the resident alone delays emergency care and activation of the response system, and family notification is handled through facility channels after the emergency response is underway. The resident's immediate safety must come first.

Conclusion

In any emergency, remember the priority order: recognize the problem, activate the emergency response system, and provide the care you are trained and authorized to give. Stay with the resident, follow facility procedure, and leave documentation and family notification for after the emergency response is in motion.

20. A CNA measures a resident's temperature and obtains a result that is higher than the resident's usual documented temperature. Which documentation is most appropriate?

A. Resident definitely has an infection

B. Temperature was 101.2 F and nurse was notified according to facility procedure

C. Resident was probably sick

D. Temperature was changed to normal because the resident looked comfortable

Answer: B. Temperature was 101.2 F and nurse was notified according to facility procedure

Document the exact measurement and report it to the nurse following facility procedure.

When a temperature reading is higher than a resident's usual baseline, the CNA's job is to record the actual measured value objectively and report it promptly to the licensed nurse. Option B does both: it states the precise reading (101.2 F) and documents that the nurse was notified per facility procedure. CNAs report facts, not diagnoses or guesses, and they follow the chain of reporting so the nurse can assess the resident, compare the reading to the baseline, and decide on any further action. Objective, timely, accurate documentation protects the resident and supports continuity of care.

A) Resident definitely has an infection

This option states a medical diagnosis, which is outside the CNA scope of practice. A CNA can observe and report a high temperature, but only a licensed provider can determine whether an infection is present. It may seem tempting because a fever often suggests infection, but documenting a conclusion rather than a measurement is not appropriate.

C) Resident was probably sick

This is a vague opinion rather than an objective measurement. It gives the care team no usable data, such as the actual temperature or whether the nurse was informed. It may feel like a quick summary, but documentation should record what was measured and what was done, not a guess about the resident's condition.

D) Temperature was changed to normal because the resident looked comfortable

Altering or falsifying a measured value is never acceptable, even if the resident appears comfortable. A resident can look well while still having a fever, and changing the number hides important information from the nurse and the care team. Accurate documentation must reflect the actual reading, not an impression of how the resident looks.

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Conclusion

For CNA documentation, record the exact objective measurement and note that the nurse was notified according to facility procedure. Avoid diagnoses, opinions, and any alteration of values, because accurate reporting keeps the resident safe and supports the nurse's assessment.

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