Free CNA Practice Test with Answers Florida

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1. A CNA has been employed by a Florida nursing home for more than 12 months. Which statement reflects a Florida nursing-home requirement?

A. The CNA never needs a performance review

B. The CNA must submit to a performance review every 12 months and receive regular inservice education based on the review

C. The CNA must become an RN

D. The CNA may stop completing required education

Answer: B. The CNA must submit to a performance review every 12 months and receive regular inservice education based on the review

Florida nursing homes require CNAs to have a performance review every 12 months, with regular inservice education based on that review.

Nursing assistant practice is regulated, and staying competent is an ongoing responsibility. A yearly performance review gives the facility a chance to look at the aide's skills, identify strengths and gaps, and then plan inservice education that addresses what was found. This keeps care safe and current, and it applies to experienced aides just as much as new ones. Completing more than 12 months on the job does not remove the requirement; it simply means the review and education cycle continues each year.

A) No performance review ever

It may seem like long tenure means an aide has proven themselves and no longer needs checking, but regulation does not work that way. Reviews are a scheduled part of employment, not a one-time hurdle, so skipping them would leave the facility without a documented way to confirm ongoing competence.

C) Must become an RN

This sounds ambitious and career-focused, which makes it tempting, but it confuses a voluntary career step with a legal requirement. CNAs are not required to advance to registered nurse status, and many aides build long, valued careers while remaining CNAs.

D) May stop required education

Once an aide has worked a while, it can feel like there is nothing left to learn, but required education is a continuing obligation tied to safe practice. Ending it would mean missing updates on care standards, infection control, and resident rights that protect both residents and the aide.

Conclusion

Remember that CNA requirements in Florida continue throughout employment: annual performance reviews and regular inservice education go together and are not waived by time on the job.

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2. A Florida CNA is asked to perform a task that is not included in the CNA's authorized duties and for which the CNA has not been trained. What is the safest response?

A. Perform it anyway because a coworker requested it

B. Refuse all future assignments

C. Tell the supervising nurse that the task is outside the CNA's authorized or trained duties

D. Ask a resident to perform the task

Answer: C. Tell the supervising nurse that the task is outside the CNA's authorized or trained duties

Report the task to the supervising nurse so the care team can assign it to someone authorized and trained to do it.

A CNA's duties are defined by state law and facility policy, and a CNA should only perform tasks they have been trained and authorized to do. When asked to do something outside that scope, the safest move is to tell the supervising nurse rather than attempt it. This protects the resident from harm, protects the CNA from liability, and lets the nurse arrange for a qualified person to complete the task. Speaking up is not insubordination; it is a core part of safe, professional practice.

A) Perform it anyway because a coworker requested it

A coworker's request does not expand a CNA's legal scope of practice or make up for missing training. Going ahead with an unfamiliar task risks injury or error and can create legal exposure. The temptation is to be helpful or avoid conflict, but resident safety comes first.

B) Refuse all future assignments

This overreacts to one request and could be seen as abandoning duties the CNA is qualified to perform. The concern is only the one task outside the CNA's scope, not the whole job. A calm report to the nurse addresses the issue without disrupting care.

D) Ask a resident to perform the task

Residents are not staff and should never be asked to carry out clinical or facility tasks. This shifts risk onto the person receiving care and violates the duty to protect residents. It may seem like a quick fix, but it is unsafe and inappropriate.

Conclusion

Know your authorized duties and speak up to the supervising nurse when a request falls outside them. Reporting the task keeps the resident safe and keeps you within your legal and professional role.

3. A resident suddenly reports severe shortness of breath and appears distressed. What should the CNA do first?

A. Leave the resident alone to rest

B. Stay with the resident, obtain immediate nursing or emergency assistance, and follow the emergency plan

C. Offer a large meal

D. Document the event at the end of the shift without notifying anyone

Answer: B. Stay with the resident, obtain immediate nursing or emergency assistance, and follow the emergency plan

Stay with the resident, obtain immediate nursing or emergency assistance, and follow the emergency plan.

Sudden severe shortness of breath with visible distress is a medical emergency, so the CNA's first priority is to keep the resident safe and get help fast. Staying with the resident means the person is never left alone while struggling to breathe, and calling for nursing or emergency assistance right away brings the clinical expertise needed. Following the facility's emergency plan keeps the response organized and consistent. This falls squarely within CNA scope: recognize the change, stay with the resident, alert the appropriate staff, and follow directions.

A) Leave the resident alone to rest

Leaving someone who is suddenly and severely short of breath alone is dangerous, since their condition can worsen quickly and no one would be there to help. Rest may seem helpful for mild breathlessness, but this situation is urgent and requires immediate attention, not isolation.

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C) Offer a large meal

A large meal does nothing to relieve severe shortness of breath and could make breathing even harder by adding pressure on the diaphragm or increasing the risk of choking or aspiration. Offering food might feel like a caring gesture, but it delays the emergency response the resident needs.

D) Document the event at the end of the shift without notifying anyone

Waiting until the end of the shift to document, with no notification, leaves the resident without care during a potentially life-threatening event. Documentation is important, but it comes after ensuring the resident is safe and help has been summoned; charting alone does not protect the resident.

Conclusion

For any sudden breathing emergency, remember the order: stay with the resident, get immediate help, and follow the emergency plan. Never leave the resident alone or delay notification, and save documentation for after the resident is safe.

4. What is the primary purpose of hand hygiene for a CNA?

A. To reduce the spread of microorganisms

B. To make the hands smell clean

C. To replace the need for gloves

D. To prevent every type of illness

Answer: A. To reduce the spread of microorganisms

The primary purpose of hand hygiene for a CNA is to reduce the spread of microorganisms.

Hand hygiene removes and kills germs on the hands, which is the single most effective way to stop microorganisms from moving from one person to another. In a care setting, CNAs touch residents, equipment, and surfaces constantly, so clean hands break the chain of transmission and protect both residents and staff. This is why hand hygiene is required before and after every resident contact and after removing gloves.

B) To make the hands smell clean

A pleasant scent may feel refreshing, but fragrance has nothing to do with removing or killing germs. Focusing on smell can give a false sense of safety and lead a CNA to skip proper technique or timing.

C) To replace the need for gloves

Gloves are worn for contact with blood, body fluids, and other potentially infectious material, and they never substitute for hand hygiene. Hands still need cleaning before donning and after removing gloves, since gloves can have tiny defects and hands can become contaminated during removal.

D) To prevent every type of illness

Hand hygiene greatly lowers the risk of many infections, but no single practice prevents all illness. This option overstates the benefit, and believing it could lead to complacency about other infection control steps such as PPE and environmental cleaning.

Conclusion

Remember that hand hygiene is about reducing microorganisms and breaking the chain of infection, not about appearance, replacing gloves, or promising total disease prevention. Choose the answer that reflects this core infection control principle.

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5. Which temperature site generally requires the CNA to follow the facility's approved procedure and equipment instructions?

A. A specific site selected according to the approved procedure

B. Any site the CNA prefers

C. Only the forehead regardless of equipment

D. Only the ear regardless of equipment

Answer: A. A specific site selected according to the approved procedure

The CNA should use the specific temperature site selected according to the facility's approved procedure and equipment instructions.

Temperature measurement is not a one-size-fits-all task. Each facility has approved procedures and equipment, such as oral, tympanic, temporal, or axillary thermometers, and each device comes with instructions for proper placement and use. Following these guidelines helps ensure the reading is accurate and safe, and it keeps the CNA within the scope of practice defined by the facility. When the procedure and equipment instructions are followed, results are consistent and can be reliably reported to the nurse.

B) Any site the CNA prefers

Choosing a site based on personal preference ignores facility policy and the specific instructions for the equipment being used. Different devices are designed for different sites, and using the wrong site can produce inaccurate readings or unsafe practice. This option may seem convenient, but convenience does not replace approved procedure.

C) Only the forehead regardless of equipment

Assuming the forehead is always the right site does not account for the equipment available or the facility's approved method. Some devices are not designed for forehead use, and some patients require a different site based on their condition. This option may seem appealing because temporal thermometers are common, but equipment instructions and policy must guide the choice.

D) Only the ear regardless of equipment

Similarly, the ear is not automatically the correct site for every thermometer or every patient. Tympanic measurement has specific placement requirements, and not all equipment is intended for ear use. This option may seem familiar because ear thermometers are widely used, but the CNA must follow the approved procedure and device instructions rather than assuming one site fits all.

Conclusion

Always follow your facility's approved procedure and the manufacturer's instructions for the equipment you are using. This protects accuracy, safety, and consistency, and it keeps your practice within the CNA scope of care.

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