

# California Certified Nurse Assistant

Solution key

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Official exam page

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1. A client with dementia is wandering the halls and looking for their deceased spouse. The most appropriate response by the nurse aide is to:

- A. Ignore the client until they stop wandering.
- B (correct). Ask the client to tell you about their spouse.**
- C. Remind the client that their spouse is dead.
- D. Tell the client to go back to their room.

Rationale: Using validation therapy by asking the client to tell you about their spouse supports the client's emotional and mental health needs, validating their feelings without causing distress.

2. What is the most important reason for reporting a resident's weight accurately?

- A. To determine how much food they should get
- B. So they can be assigned the correct wheelchair size
- C. It is required for their ID band
- D (correct). Weight changes can indicate serious medical conditions**

Rationale: Accurate weight monitoring is critical because sudden weight gain can indicate fluid retention (often related to heart failure), and weight loss can indicate malnutrition or illness.

3. What is an example of non-verbal communication?

- A. Writing a letter to a family member
- B. Reading the menu to a client
- C (correct). Facial expressions and body language**
- D. Speaking loudly to a client

Rationale: Non-verbal communication involves conveying messages without the use of words, such as through body language or facial expressions.

4. When transferring a resident from a bed to a wheelchair, the wheelchair should be placed:

- A. At the foot of the bed.
- B (correct). On the resident's strong side.**
- C. Directly in front of the resident.
- D. On the resident's weak side.

Rationale: The wheelchair should be placed on the resident's strong (unaffected) side so they can use their stronger side to pivot and support their weight.

5. Which is a normal blood pressure reading for a healthy adult?

- A (correct). 110/70 mmHg**
- B. 160/100 mmHg
- C. 140/90 mmHg
- D. 80/50 mmHg

Rationale: Normal blood pressure is typically less than 120/80 mmHg, so 110/70 mmHg is normal.

6. When assisting a client with right-sided weakness to dress, the nurse aide should:

- A. Have the client dress themselves to promote independence.
- B. Dress both sides at the same time.
- C (correct). Dress the weak side first.**
- D. Dress the strong side first.

Rationale: When assisting with Activities of Daily Living, one should always dress the affected or weak side first to avoid overstretching the weak limb.

7. Using adaptive equipment for eating helps a resident to:

- A (correct). Maintain independence and dignity.**
- B. Eat less food.
- C. Eat faster.
- D. Need more CNA assistance.

Rationale: Adaptive equipment, such as weighted utensils or plates with guards, allows residents with physical limitations to feed themselves, promoting independence and dignity.

8. What is the priority when performing standard precautions?

- A. Using sterile equipment for daily care.
- B (correct). Washing hands before and after client contact.**
- C. Wearing a mask at all times.
- D. Wearing gloves when feeding a client.

Rationale: Washing hands is the most important measure and the priority in standard precautions to prevent the spread of infection.

9. The nurse aide finds a client lying on the floor. What is the initial action the nurse aide should take?

- A. Offer the client a glass of water.
- B. Quickly run to the nurse's station to report the incident.
- C (correct). Stay with the client and call for help.**
- D. Help the client up into a chair.

Rationale: The initial action in any emergency is to ensure the client is not left alone and to call for help. Moving the client may cause further injury.

10. When assisting a client with right-sided weakness to dress, the nurse aide should:

- A (correct). Dress the weak side first.**
- B. Dress the strong side first.
- C. Have the client dress themselves to promote independence.
- D. Dress both sides at the same time.

Rationale: When assisting with Activities of Daily Living, one should always dress the affected or weak side first to avoid overstretching the weak limb.

11. A client requests to have a religious statue at their bedside. What should the Nurse Aide do?

- A. Hide the statue so it doesn't offend other clients
- B. Ask the client to change their religious beliefs
- C. Tell the client that statues are not allowed in the facility
- D (correct). Respect the client's request and allow the statue**

Rationale: Clients have the right to practice their religion and keep personal, spiritual items as long as they do not pose a safety hazard.

12. What is the most important action for a Nurse Aide to take to prevent the spread of infection?

- A (correct). Washing hands before and after client contact**
- B. Using hand sanitizer once a day
- C. Wearing gloves at all times
- D. Keeping the client's room warm

Rationale: Handwashing is the single most effective method for preventing the spread of infection in healthcare settings.

13. When weighing a resident on a standing scale, what should the CNA do first before the resident steps on?

- A (correct). Balance the scale to zero**
- B. Place a towel on the scale
- C. Ask the resident their weight
- D. Remove the resident's shoes

Rationale: The scale must always be balanced or zeroed before weighing a resident to ensure an accurate measurement.

14. When taking a client's radial pulse, the nurse aide should measure the pulse:

- A. At the inner aspect of the elbow.
- B. At the neck.
- C (correct). On the thumb side of the wrist.**
- D. On the pinky side of the wrist.

Rationale: The radial pulse is located on the wrist, specifically on the thumb side. This is one of the basic nursing skills.

15. Which of the following statements best encourages a client to maintain their independence?

- A (correct). "I will set out your clothes, and you can dress yourself as much as you can."**
- B. "You shouldn't try to dress yourself; it takes too long."
- C. "Let me dress you so we can get to breakfast faster."
- D. "I will do everything for you so you can rest."

Rationale: Encouraging clients to do as much as they can for themselves helps maintain their physical abilities and self-esteem.

16. When measuring blood pressure, what is the name of the pulse you listen for with the stethoscope?

- A. Apical
- B (correct). Brachial**
- C. Radial
- D. Carotid

Rationale: The stethoscope is placed over the brachial artery at the inner bend of the elbow to listen for the blood pressure sounds.

17. Which of the following is the normal range for an adult's resting heart rate?

- A. 40 to 60 beats per minute
- B (correct). 60 to 100 beats per minute**
- C. 120 to 160 beats per minute
- D. 100 to 120 beats per minute

Rationale: The normal resting heart rate for an adult is 60 to 100 beats per minute. Rates below 60 are bradycardia, and above 100 are tachycardia.

18. What is considered a normal oral temperature range for an adult?

- A. 99.6°F to 101.6°F
- B (correct). 97.6°F to 99.6°F**
- C. 96.0°F to 97.6°F
- D. 98.6°F to 100.6°F

Rationale: The normal oral temperature range for adults is 97.6°F to 99.6°F (36.4°C to 37.6°C).

19. A core responsibility of the nurse aide as a member of the healthcare team is to:

- A. Delegate tasks to other nurse aides.
- B. Diagnose client conditions.
- C (correct). Follow the care plan designed by the nurse.**
- D. Prescribe medications for clients.

Rationale: As a member of the health care team, the aide does not diagnose or delegate; their main role is to follow the care plan established by the nurse.

20. The most effective way to determine if a client understands instructions is to:

- A (correct). Ask the client to repeat the instructions back to you.**
- B. Assume they understand if they nod their head.
- C. Give written instructions and leave the room.
- D. Ask the client "Do you understand?".

Rationale: Asking the client to repeat the instructions back is a "teach-back" method in communication that objectively verifies that the information was understood correctly.

21. If a resident refuses to wear a clothing protector at mealtime, the CNA should:

- A. Scold them.
- B (correct). Respect their choice.**
- C. Refuse to feed them.
- D. Put it on them anyway.

Rationale: Residents have the right to make choices about their daily lives, including refusing to wear a clothing protector (bib). The CNA must respect this choice.

22. Which side should a CNA stand on when assisting a resident who has a weak right side to transfer from a bed to a wheelchair?

- A. In front of the resident, slightly to the left
- B (correct). On the resident's weak side**
- C. On the resident's strong side
- D. Behind the resident

Rationale: The CNA should support the resident's weak side during transfers. The wheelchair should be placed on the resident's strong side.

23. If a Nurse Aide suspects that a client is being abused by a family member, what is the initial action the Nurse Aide must take?

- A (correct). Report the suspicion immediately to the supervising nurse**
- B. Wait to see if the abuse happens again before reporting
- C. Confront the family member about the suspected abuse
- D. Ask the client if they are being abused before taking action

Rationale: Nurse Aides are mandated reporters. If abuse is suspected, it must be reported immediately to the supervising nurse or the appropriate authority.

24. The top number of a blood pressure reading represents what?

- A. Pulse pressure
- B (correct). Systolic pressure**
- C. Mean arterial pressure
- D. Diastolic pressure

Rationale: The top number is the systolic pressure, representing the heart contracting and pumping blood.

25. To promote dignity and respect when providing care, the nurse aide should:

- A (correct). Allow the client to make choices about their care whenever possible.**
- B. Perform tasks for the client to save time.
- C. Call the client by a nickname such as "sweetie" or "honey".
- D. Discuss the client's medical condition in the hallway.

Rationale: Allowing clients to make choices fosters autonomy and addresses their emotional and mental health needs by giving them control over their routine.

26. If a resident refuses a bath, the CNA should:

- A. Force them to take a bath.
- B. Give them a bed bath while they sleep.
- C (correct). Respect their refusal and report it to the nurse.**
- D. Tell them they will smell bad.

Rationale: Residents have the right to refuse care. The CNA should respect their decision, ask if they want it later, and report the refusal to the nurse.

27. When feeding a resident who has had a stroke, the CNA should place the food:

- A (correct). On the unaffected side of the mouth.**
- B. On the affected side of the mouth.
- C. In the center of the mouth.
- D. Under the tongue.

Rationale: Food should be placed on the unaffected (strong) side of the mouth to prevent choking and aspiration, as the affected side may have decreased sensation and muscle control.

28. What is the most important reason for providing oral care to an unconscious resident?

- A. To wake them up.
- B. To keep their teeth white.
- C (correct). To prevent aspiration and mouth infections.**
- D. To prepare them for visitors.

Rationale: Unconscious residents cannot swallow, which puts them at high risk for aspiration and infections. Proper oral care reduces bacteria and prevents aspiration pneumonia.

29. To promote independence, a CNA should:

- A (correct). Allow the resident to do as much as possible for themselves.**
- B. Ignore the resident's attempts to help.
- C. Force the resident to do things they cannot do.
- D. Do everything for the resident to save time.

Rationale: Promoting independence means allowing residents to do as much as they can for themselves, even if it takes longer, to help them maintain their skills and self-esteem.

30. When communicating with a client who is hard of hearing, the nurse aide should:

- A. Speak very loudly.
- B (correct). Face the client and speak clearly.**
- C. Turn away from the client to reduce background noise.
- D. Speak as quickly as possible.

Rationale: As part of the role of the nurse aide: communication, facing the client allows them to read lips, and speaking clearly facilitates understanding without startling them.

31. Before taking an oral temperature, how long should a CNA wait if the resident has just consumed a hot or cold drink?

- A. 30 to 45 minutes
- B. 1 hour
- C. 5 to 10 minutes
- D (correct). 10 to 20 minutes**

Rationale: Wait 10 to 20 minutes before taking an oral temperature if the resident has been eating, drinking hot or cold liquids, smoking, or exercising.

32. When providing perineal care for a female resident, the CNA should always wipe:

- A. In a circular motion.
- B. From side to side.
- C. From back to front.

**D (correct). From front to back.**

Rationale: Wiping from front to back prevents the transfer of bacteria from the anal area to the urethra and vagina, which helps prevent urinary tract infections.

33. A resident drinks 4 ounces of juice and 6 ounces of water. What is their total intake in milliliters?

**A (correct). 300 mL**

- B. 150 mL
- C. 240 mL
- D. 100 mL

Rationale: Total ounces = 4 + 6 = 10 ounces. Since 1 ounce = 30 mL, 10 x 30 = 300 mL.

34. How frequently should a bedbound resident be repositioned to prevent pressure ulcers?

- A. Once per shift
- B. Every hour
- C. Every 4 hours

**D (correct). At least every 2 hours**

Rationale: Bedbound residents must be turned and repositioned at least every 2 hours to relieve pressure and prevent skin breakdown.

35. When a client is receiving oxygen therapy, the nurse aide MUST ensure that:

- A. The client is not allowed to eat while oxygen is flowing.
- B. The oxygen flow rate is adjusted based on the client's request.
- C. The oxygen tubing is placed tightly around the client's neck.

**D (correct). There are no open flames or smoking in the room.**

Rationale: Oxygen facilitates rapid combustion. Therefore, it is a priority to maintain a safe environment by ensuring no open flames or smoking are present. Standard safety precautions dictate this rule.

36. If a client refuses to participate in an activity they usually enjoy, the nurse aide should:

- A. Tell the client they will be punished if they don't join.
- B. Force the client to participate.

**C (correct). Report the change in behavior to the charge nurse.**

- D. Ask another client to convince them.

Rationale: A sudden change in behavior can indicate depression, illness, or pain. It is a priority to report the change in behavior to the nurse to evaluate their emotional and mental health needs.

37. How often should the Nurse Aide reposition a client who is bedridden to prevent pressure ulcers?

**A (correct). At least every two hours**

- B. Once a shift
- C. Every four hours
- D. Only when the client asks

Rationale: Bedridden clients must be repositioned at least every two hours to relieve pressure on bony prominences and prevent the breakdown of skin.

38. When providing mouth care to an unconscious client, what is the best position to place the client in?

**A (correct). Lateral (side-lying)**

- B. Supine (flat on back)
- C. Prone (on their stomach)
- D. Fowler's (sitting up)

Rationale: When providing mouth care to an unconscious client, positioning them in a side-lying

(lateral) position prevents the aspiration of fluids.

**39.** When assisting a client with right-sided weakness to dress, which arm should the Nurse Aide put through the sleeve first?

- A. Whichever arm the client prefers
- B. Both arms at the same time
- C (correct). The right arm**
- D. The left arm

Rationale: When dressing a client with a weak side, always dress the weak side first to minimize movement and prevent injury.

**40.** What is the normal range for adult respirations?

- A. 25 to 35 breaths per minute
- B. 20 to 28 breaths per minute
- C. 8 to 12 breaths per minute
- D (correct). 12 to 20 breaths per minute**

Rationale: Normal adult respiration rates range from 12 to 20 breaths per minute.

**41.** When communicating with a client who is hard of hearing, the nurse aide should:

- A. Turn away from the client to reduce background noise.
- B. Speak as quickly as possible.
- C (correct). Face the client and speak clearly.**
- D. Speak very loudly.

Rationale: As part of the role of the nurse aide: communication, facing the client allows them to read lips, and speaking clearly facilitates understanding without startling them.

**42.** When a resident is trying to dress themselves but is struggling, what is the best approach?

- A. Tell them to hurry up.
- B. Take over and dress them immediately.
- C. Leave the room and let them figure it out.
- D (correct). Offer gentle encouragement and minimal assistance as needed.**

Rationale: Encouragement and minimal necessary assistance preserve the resident's dignity and promote independence while preventing them from becoming overly frustrated.

**43.** A Nurse Aide is preparing to bathe a client. Which action best demonstrates respect for the client's privacy?

- A. Leaving the client uncovered during the entire bath
- B. Asking the client's roommate to turn around
- C (correct). Closing the door and pulling the privacy curtain before starting**
- D. Bathing the client quickly while the door is open

Rationale: Closing the door and pulling the privacy curtain ensures that the client is not exposed to others during personal care.

**44.** When dressing a resident with a weak right arm, the CNA should:

- A. Put the shirt on the strong left arm first.
- B. Put the shirt on both arms at the same time.
- C (correct). Put the shirt on the weak right arm first.**
- D. Ask the resident to dress themselves.

Rationale: When dressing, always put the clothing on the weak or affected side first to minimize movement and strain on that side.

45. When should you count a resident's respirations?

- A. While taking their blood pressure
- B. While they are talking
- C (correct). Immediately after taking their pulse, while keeping your fingers on their wrist**
- D. Immediately after telling them you are counting their breathing

Rationale: Counting respirations without the resident's knowledge (by keeping fingers on the pulse) prevents them from unconsciously altering their breathing pattern.

46. When taking a patient's radial pulse, where should the CNA place their fingers?

- A. On the side of the neck.
- B (correct). On the thumb side of the wrist.**
- C. On the top of the foot.
- D. On the inside of the elbow.

Rationale: The radial pulse is located on the thumb side of the wrist. The neck is the carotid pulse, the elbow is the brachial pulse, and the foot is the pedal pulse.

47. Which of the following violates a resident's right to privacy?

- A. Keeping the resident's medical records confidential.
- B. Closing the privacy curtain during care.
- C. Knocking on the door before entering.
- D (correct). Leaving the resident's door open while giving a bed bath.**

Rationale: Leaving the door open exposes the resident to others during a vulnerable time, clearly violating their right to privacy and dignity.

48. A client is expressing anger and frustration about being in a nursing facility. The nurse aide should:

- A. Argue with the client to show them they are wrong.
- B. Leave the room immediately without saying anything.
- C (correct). Listen quietly and acknowledge the client's feelings.**
- D. Tell the client they should be grateful for the care they receive.

Rationale: Actively listening and acknowledging the client's feelings is an appropriate initial action to support the resident's emotional health when facing a difficult life change.

49. A resident says, "I am so sad since my spouse died." The best response by the CNA is:

- A. "At least they are in a better place."
- B. "Let's go watch television and forget about it."
- C (correct). "I'm here to listen if you want to talk about it."**
- D. "You will feel better soon."

Rationale: Active listening and offering emotional support are the best ways to respond to a resident expressing grief. It shows empathy and validates their feelings.

50. When using a transfer belt (gait belt), where should it be placed on the resident?

- A. Around the hips
- B (correct). Over the clothing, around the waist**
- C. Under the clothing, around the waist
- D. Under the armpits

Rationale: A gait belt should be placed securely over the resident's clothing around their waist. It should never be placed directly on bare skin.

51. If a client with dementia becomes agitated and starts yelling, what is the best initial response by the Nurse Aide?

- A. Tell the client firmly to stop yelling immediately
- B (correct). Stay calm and speak in a soothing, gentle tone**
- C. Yell back so the client can hear you
- D. Leave the room and close the door

Rationale: Staying calm and speaking in a soothing tone can help de-escalate an agitated client with

dementia.

**52.** When a nurse aide observes another staff member abusing a client, the nurse aide's **FIRST** responsibility is to:

- A. Wait and see if it happens again before reporting.
- B. Discuss the incident with other nurse aides.
- C. Talk to the staff member about their behavior.
- D (correct). Protect the client and report the incident immediately.**

Rationale: The initial action regarding any type of abuse is to protect the client and report immediately, which is the highest ethical responsibility of any member of the health care team.

**53.** When a client is receiving oxygen therapy, the nurse aide **MUST** ensure that:

- A. The oxygen flow rate is adjusted based on the client's request.
- B. The oxygen tubing is placed tightly around the client's neck.
- C (correct). There are no open flames or smoking in the room.**
- D. The client is not allowed to eat while oxygen is flowing.

Rationale: Oxygen facilitates rapid combustion. Therefore, it is a priority to maintain a safe environment by ensuring no open flames or smoking are present. Standard safety precautions dictate this rule.

**54.** When assisting a client with a bedpan, the nurse aide should ensure that the:

- A. Client is left completely flat on their back.
- B. Client uses the bedpan for at least 30 minutes.
- C. Bedpan is placed on top of the covers.
- D (correct). Head of the bed is elevated, if allowed.**

Rationale: Having the head of the bed elevated simulates a natural position for elimination and makes the process easier, being an essential part of Activities of Daily Living for bedridden clients.

**55.** How often should a bedbound resident be repositioned?

- A. Every 4 hours.
- B. Once a shift.
- C (correct). At least every 2 hours.**
- D. Only when they ask.

Rationale: Bedbound residents should be turned and repositioned at least every 2 hours to prevent pressure ulcers (bedsores) and promote circulation.

**56.** When providing mouth care to an unconscious client, the nurse aide must ensure the client is positioned:

- A. Flat on their back.
- B (correct). On their side with the head turned to the side.**
- C. In a high Fowler's position.
- D. In a prone position.

Rationale: Positioning the client on their side prevents the aspiration of fluids into the lungs. This is a critical standard precaution in oral hygiene for unconscious individuals.

**57.** Which of the following is the proper temperature for a bed bath?

- A. 115°F to 120°F
- B. 120°F to 125°F
- C. 90°F to 95°F
- D (correct). 105°F to 110°F**

Rationale: The water temperature for a bed bath should be comfortably warm, typically between 105°F and 110°F (40.5°C - 43.3°C), to prevent burns while keeping the resident warm.

58. Which measurement is used to document a resident's fluid output?

- A (correct). Milliliters
- B. Ounces
- C. Pints
- D. Cups

Rationale: Fluid output is measured and recorded in milliliters (mL) or cubic centimeters (cc) in healthcare settings.

59. Which method is considered the most accurate for measuring body temperature?

- A. Oral
- B (correct). Rectal
- C. Tympanic
- D. Axillary

Rationale: The rectal route is considered the most accurate method for measuring core body temperature.

60. If a resident's pulse is irregular, how long should the CNA count the beats?

- A. 45 seconds
- B (correct). 1 full minute
- C. 30 seconds and multiply by 2
- D. 2 full minutes

Rationale: An irregular pulse must be counted for one full minute to obtain an accurate heart rate.

61. If a Nurse Aide is asked to perform a task they have not been trained to do, what is the best course of action?

- A. Attempt the task anyway to be helpful
- B. Perform the task only if the client insists
- C (correct). Refuse to perform the task and explain why to the supervising nurse
- D. Ask another Nurse Aide to show them how to do it quickly

Rationale: Nurse Aides must never perform tasks outside their scope of practice or for which they lack training. They must refuse and inform the nurse.

62. A resident's mail should be:

- A. Opened by the CNA to check for bad news.
- B (correct). Delivered to them unopened.
- C. Thrown away if it looks like junk mail.
- D. Given to the nurse to read first.

Rationale: Residents have a legal right to receive and send mail unopened. Opening a resident's mail is a violation of their rights.

63. Which of the following is an important step when serving a meal tray to a blind client?

- A (correct). Describe the location of the food using the face of a clock.
- B. Feed the client to avoid spills.
- C. Mix all the food together so it is easier to eat.
- D. Place the tray in front of the client and leave the room.

Rationale: Using the face of a clock method promotes the client's independence in Activities of Daily Living, letting them know exactly where their food is.

64. Restraints can only be used:

- A. If the CNA is too busy to watch the resident.
- B (correct). With a doctor's order.
- C. If the resident is being loud.
- D. As a form of punishment.

Rationale: Restraints are strictly regulated and can only be used to treat a medical symptom or protect the resident, and strictly require a doctor's order.

65. If a nurse aide is asked to perform a task they have not been trained to do, they MUST:

- A (correct). Refuse the task and explain to the nurse why.**
- B. Try their best to complete the task.
- C. Ask another nurse aide to teach them quickly.
- D. Ignore the request and perform other duties.

Rationale: Patient safety is the priority. If a task is outside their scope of practice, the nurse aide must refuse the task and explain why, fulfilling their role as a member of the health care team.

66. What is the first step a CNA should take when finding a resident unconscious on the floor?

- A. Start CPR
- B (correct). Check for responsiveness and call for help**
- C. Lift the resident back into bed
- D. Go to the nurse's station to report it

Rationale: The first step in any emergency is to assess the situation, check the victim for responsiveness, and immediately call for the nurse or medical help.

67. When reporting client information to the nurse, the nurse aide should provide:

- A (correct). Objective facts and specific observations.**
- B. Rumors heard from other staff members.
- C. Information only at the end of the shift.
- D. Their personal opinion about the client's condition.

Rationale: Professional communication requires objective facts. Reporting specific and measurable observations is fundamental to providing safe and accurate care.

68. The Resident's Bill of Rights includes the right to:

- A. Disobey all facility rules.
- B. Receive daily massages.
- C (correct). Make independent choices.**
- D. Have a private room for free.

Rationale: The Resident's Bill of Rights protects the resident's autonomy, including the right to make independent choices regarding their care, clothing, and daily schedule.

69. The nurse aide finds a client lying on the floor. What is the initial action the nurse aide should take?

- A. Quickly run to the nurse's station to report the incident.
- B. Help the client up into a chair.
- C. Offer the client a glass of water.
- D (correct). Stay with the client and call for help.**

Rationale: The initial action in any emergency is to ensure the client is not left alone and to call for help. Moving the client may cause further injury.

70. When converting ounces to milliliters (mL), how many mL are in 1 fluid ounce?

- A. 50 mL
- B. 15 mL
- C. 100 mL
- D (correct). 30 mL**

Rationale: One fluid ounce equals 30 milliliters (or cc). This is standard for calculating intake.