

OVER 900 PRACTICE TEST QUESTIONS
TO HELP PASS THE NAB!

JAMES E. ALLEN

THE LICENSING EXAM
REVIEW GUIDE IN
NURSING HOME
ADMINISTRATION

SIXTH EDITION

**The Licensing Exam Review Guide in
Nursing Home Administration**

Sixth Edition

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The website www.longtermcareedu.com (or www.ltce.com) provides more than 500 pages of state-by-state, up-to-date information on such subjects as:

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Sixth Edition

*927 Test Questions in the
National Examination Format
on the NAB Domains of Practice*

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Introduction: Uses of This Study Guide for the NAB Domains of Practice

The review questions in this guide are intended for use by persons who are studying for the national licensure examination.

Sample study questions are provided here from several texts and sources in the long-term care field, including more than 70 questions on the Final Rules for Medicare and Medicaid Requirements for Long-Term Care Facilities (Appendix PP) and Nurse Aide Training and Competency Evaluation Programs.

National examination questions are picked by computer from a bank of more than 2,000 items. On average, more than 3,000 persons take this examination each year. Generally, about three unique exams are offered each year. The National Association of Boards of Examiners for Long-Term Care Administrators (NAB) exam is taken on a computer and each time the exam is taken the applicant will have a different set of questions unique to that exam.

Format of the National Exam

The national examination is set up in the multiple choice, select the one best answer style of question to test the level of each candidate's knowledge.

This manual is designed to acquaint the user with relevant terms and provide practice in the multiple choice, one best answer examination format.

Two basic benefits are received: (1) feedback on comprehension of the terms and concepts in areas similar to those covered in the national examination and (2) experience with the multiple choice testing format used in the national exam.

Use of this manual without the text and similar sources achieves only initial knowledge about the field of nursing home administration. The bits and pieces of information obtained from these study questions are not a substitute for systematically studying the basic principles and information contained in the reading materials for Long Term Care Education (LTCE) 201 and 202 (www.LongTermCareEducation.com) and other equivalent resources.

The “One Best Answer” Testing Format

There is always one best answer to each of the questions in this book. In the following question, only one answer can be correct.

The Lifespan Respite Care Act, allowing for the first time public payment to relatives to give care to family members, was passed in _____.

1. 1995
2. 2008
3. 2007
4. 2008

Because the Lifespan Respite Care Act was passed in 2008 (answer 2) all of the other answers are completely wrong.

In the following question, however, options 1, 2, and 4 are all partially correct, but 3 is the correct answer because it is the most complete (best) answer.

In the nursing facility a resident may perform services for the facility if the services are _____.

1. voluntary
2. paid at or above prevailing rates
3. in the plan of care
4. light duty in nature

All four options are partially correct, services performed must be voluntarily assumed, paid for at or above prevailing wage rates, and light duty in nature. However, even if services performed by a resident meet the three requirements in options 1, 2, and 4, they are prohibited if not in the resident’s plan of care. Hence, 3 is the one best answer.

Following is an additional example.

Control is the evaluation by the organization decision makers of _____.

1. capital assets
2. the outputs of the organization
3. deficit spending
4. employee goals

The correct answer is 2, the outputs of the organization. Each of the other options is potentially correct. Organization decision makers *do* evaluate or make managerial judgments about capital assets, deficit spending if it occurs, and employee goals. However, the key word in the question is *control*. The correct answer is the answer that best defines control behavior by organizational decision makers. Answer 2 more fully defines control than any of the other three.

Sometimes the respondent is asked to mark the answer that is the least correct; for example:

The National Labor Relations Board does not _____.

1. determine what the bargaining units shall be
2. conduct representation elections by secret ballot
3. investigate unfair labor practices
4. make court decisions

The answer is 4. Answers 1, 2, and 3 are all activities the National Labor Relations Board *does do*.

Deciding What the Question Is

A key to successfully answering multiple choice questions is correctly deciding what is being asked; for example:

In states that still require government permission to build new nursing homes, if the health authority believes a shortage of beds exists, it may _____.

1. require that additional beds be built
2. let a contract for building new beds
3. advertise for bids
4. issue a permit to build (Certificate of Need)

The issue being tested here is, does the respondent know the functions and typical scope of powers exercised by a public health planning authority? The respondent needs to know that powers of health planning authorities are limited to granting permission for the applicant to build new beds.

To answer the question correctly, the respondent needs to further understand that local and state health planning authorities normally have no power to require that additional beds be built, to let contracts for building new beds, or to advertise for or let bids for constructing facilities with new beds. These are activities performed by the owners of the new facilities.

Deciding What the Answer Is

Once the respondent has accurately decided *the question* about which he or she is being tested, the *one best answer* to the question must be selected. If the respondent knows what the answer ought to be, a useful technique is to look immediately for the correct answer; for example:

For nursing facilities, meeting accreditation requirements set by the JCAHO (Joint Commission on Accreditation for Healthcare Organizations) is ____.

1. voluntary
2. mandatory
3. required to receive Medicaid payments
4. required to receive Medicare payments

If the reader knows that meeting requirements set by JCAHO is entirely voluntary for nursing facilities, he or she should look immediately for the correct answer, which in this case is 1. The other options can then be read to assure that there is not a better or more correct or complete option to mark as the correct answer.

To answer this question correctly the reader needs specific information: for example, knowledge of Medicare and Medicaid requirements for nursing facilities and the Federal requirements that must be met for reimbursement for Medicare or Medicaid patient charges. If read hastily, this question could be deceptive because *hospital* accreditation by JCAHO is required for hospital eligibility for reimbursement of Medicare patient charges. The equivalent for nursing homes is to meet the Federal requirements set by the Federal and state governments.

Thus, several areas of understanding may be tested simultaneously by a single question such as the one in this example.

Strategies for Test Taking

Test taking, like driving a car, is an acquired skill. It is a complex task that, once learned, can become second nature when the techniques are established. In addition, practice in answering the types of questions that may be asked can ease the tension level when in the actual test situation. The following are some strategies for taking computer-based multiple-choice tests.

In an examination consisting of 150 questions, each with four possible answers, the reader must cycle through 600 possible answers. Giving equal energy to each of the 600 possible options can lead to mental fatigue early in the examination and may result in unintentional errors. Several *techniques* are available to help reduce mental fatigue.

MARKING QUESTIONS FOR LATER REVIEW

The test will contain questions that the reader can answer with confidence, but there will inevitably be somewhere the answer is only a guess.

To save time and energy, it is advisable to proceed through the entire exam at a steady pace, marking for later review questions about which the reader is unsure.

Do not try to puzzle out each doubtful or unknown question in the order in which it appears. Go on to the next. This assures reasonably quick progress through the exam. Using this strategy, it will be found that a large proportion of questions will have been correctly answered during the first run-through. A second attempt to complete the remaining items will often reveal the answers at this stage.

MAKING FINAL CHOICES

Once all items have been marked, it is time to return for a final decision about the choice made.

Experience has shown that the first answer chosen is often the best one. However, if the respondent is sure, on restudying the question, that a different response is the correct one, the answer originally marked should be changed.

USING THE TIME AVAILABLE

The goal is to achieve the best possible score on the examination. For most people this should mean taking advantage of all of the time available. Rereading the questions and assuring oneself that the correct answer has been chosen is usually time well spent. In multiple-choice questions there is often *one key word or phrase* that may elude the reader on the first reading, but might change the answer dramatically.

FINAL REVIEW

If there is time, the respondent should assure him or herself that the *question being asked* in every item has been correctly understood and the correct answer marked.

Domains of Practice

1

NAB Domain: Management, Governance, Leadership

Learning How to Manage the Health Care Organization

Questions 1–31 portray often encountered situations in the nursing home profession. Rationale for answers to questions 1–31 can be found in the back of this book preceding the answer key.

Questions 32 and following flow sequentially through topics in *Nursing Home Administration*, 6th ed., by James E. Allen, MSPH, PhD, CNHA. Answers can be found on the page numbers in parentheses following each of these questions. In Part 6, answers can be found in *Nursing Home Administration*, 6th edition, and *Nursing Home Federal Requirements: Guidelines to Surveyors and Survey Protocols*, 7th edition, by James E. Allen (Springer Publishing Company). Those found in *Nursing Home Federal Requirements* are distinguished by the reference (see Federal Requirements App. P and PP).

1. The most likely single cause for the series of bankruptcies among larger nursing home chains around the year 2000 was _____.
 1. Too small increases in government reimbursement rates
 2. Paying too much for acquisitions in 1998 and 1999
 3. Not taking advantage of falling interest rates
 4. Thinking too small
2. In a chance conversation with the owner of an eight-facility chain, the newly hired administrator for the oldest facility in the chain indicates that, since the mortgage is fully retired, he will concentrate more on being effective than efficient since his Quality Indicators are all at or above his state's average. The owner would likely _____.
 1. Be pleased
 2. Be distressed
 3. Be content
 4. Praise the newly hired administrator
3. Occupancy of Facility A has been a steady 70% since Prospective Payment System was introduced. Two weeks ago, a new 120-bed equally equipped facility opened several blocks away. The Facility A administrator tells the admissions counselor to continue the usual recruitment approach. The chain owners ought to _____.
 1. Rest comfortably
 2. Seek a new administrator
 3. Appoint a new admissions counselor
 4. Take no action

4. Bankruptcies among larger nursing home chains prior to 2000 _____.
 1. Were frequent
 2. Were ubiquitous
 3. Were highly unusual
 4. Were routinely declared to avoid too much accumulated debt

5. Under the Prospective Payment System, nursing facilities' reimbursed costs _____.
 1. Were about the same as earlier
 2. Were more bundled
 3. Used an unbundled cost structure
 4. Were reimbursement for actual costs

6. In recent years Medicare has _____.
 1. Allowed facilities to make a modest profit
 2. Shifted more costs onto nursing facilities
 3. Eased up on economic pressures previously placed on facilities
 4. Remained relatively unchanged in its reimbursement structure

7. The nurse newly promoted to director of nurses (DON) insists on giving four RN hours of patient care each day on the Alzheimer's wing in the 175-bed facility. The administrator should _____.
 1. Praise the new DON for her resident-centeredness
 2. Appoint an assistant DON
 3. Adapt the job description to fit her pattern
 4. Seek a new DON

8. The applicant for the administrator position in a facility near a large teaching hospital who insists that, if hired, as before with his rural facility, he would not let the Medicare reimbursement policies affect his case mix _____.
 1. Should be hired
 2. Is likely to succeed if hired
 3. Can likely succeed in his goal
 4. Is out of touch

9. The newly hired assistant to the administrator insists the organizational chart line between his position and the Department of Nursing be a solid line. The administrator should _____.
 1. Agree in general
 2. Agree to this special case
 3. Ask the DON for his or her opinion
 4. Be forewarned

10. The medical supplies provider tells the administrator of a facility that has not paid bills the past 3 months, but is now operating under a bankruptcy judge's approved plan for restructuring, that no more deliveries will be made until past bills are fully paid. The medical supplies provider _____.
 1. Is smart to cut losses at that point
 2. Does not understand how bankruptcy works
 3. Will now likely get his past due bills paid
 4. Is farsighted

- 11.** An administrator who adopts the management-by-walking-around (MBWA) approach by walking through the facility and intently observing weekly has _____.
 1. Become an effective leader
 2. Chosen a good management style
 3. Failed to understand MBWA
 4. Implemented a useful strategy

- 12.** The nursing facility administrator who, using the management-by-walking-around (MBWA) technique, succeeds in actually making appropriate corrections on the spot during his rounds _____.
 1. Is effectively implementing the concept
 2. Gains additional power through the process
 3. Exhibits appropriate leadership
 4. Doesn't understand MBWA

- 13.** The rate of increase in the total number of nursing facilities in the United States during the years 2008–2012 is _____.
 1. Likely to be about level
 2. Likely to double
 3. Likely to triple to accommodate the baby boomer generation
 4. Likely to decrease markedly

- 14.** The applicant for administrator of the facility insists that he has successfully used democratic leadership to the exclusion of all other leadership styles. The interviewer should _____.
 1. Recommend hiring this candidate
 2. Praise the candidate
 3. Be favorably impressed
 4. Continue to interview candidates

- 15.** The candidate for administrator said she used a variety of administrative styles, but couldn't say exactly which she would use in every circumstance. The interviewer should be _____.
 1. Favorably impressed
 2. Unfavorably impressed
 3. Concerned about possible indecisiveness
 4. Looking for one leadership style

- 16.** The candidate for administrator indicated that she consistently chooses the charismatic style of leadership. This should _____ the interviewer.
 1. Reassure
 2. Alert
 3. Confirm the candidate's qualifications to
 4. Please

- 17.** The costs of providing subacute care to nursing home residents _____.
 1. Is perhaps triple that of the more typical patient
 2. Covered by Medicare
 3. Absorbed by Medicaid if Medicare coverage is inadequate
 4. Mostly covered by private insurance

- 18.** The nurse supervisor who had just been appointed DON announced at the first department head meeting that she had circulated a memo among the nurses that only formal communications were to be allowed in the nursing department. The administrator should ____.
1. Be relieved
 2. Confirm the decision
 3. Be supportive
 4. Anticipate problems
- 19.** The department head was not surprised to learn that the employee had only heard his positive comments to the employee and ignored his criticisms. The department head's grasp of the communication process is ____.
1. Deficient
 2. Appropriate
 3. Out of focus
 4. Inadequate
- 20.** The administrator routinely accepted as his nearly exclusive information source the director of nursing's positive reports on how nursing was going well. The administrator is ____.
1. Showing appropriate confidence in the DON
 2. Utilizing the DON properly
 3. Realizing a successful appointment has been made
 4. Placing him at risk
- 21.** Periodic shortage of nurses available for nursing home employment ____.
1. Is being solved by community college programs
 2. Is decreasing
 3. Can be readily solved by hiring temporary nurses
 4. Is likely to remain for the foreseeable future
- 22.** Congress and the federal rule makers behave as if the facility will run successfully if Congress and Centers for Medicare and Medicaid Services can write enough rules. They are ____.
1. Incorrect
 2. Correct, according to behavior theory
 3. Pessimistic about the need for rules
 4. Correct, according to emerging management theory
- 23.** When the administrator notices that the DON seeks to turn as many duties as possible over to housekeeping, the administrator should conclude that the DON is ____.
1. Behaving normally
 2. Holding a grudge against housekeeping
 3. Unwilling to be cooperative
 4. Wielding power desirably
- 24.** The administrator insists that a timely copy of all reports generated within the facility come across her desk before anyone signs them. The administrator is ____.
1. Not rationalizing her management information system
 2. Making appropriate and desirable requests
 3. Exercising good judgment
 4. Initiating an appropriate management information system

- 25.** The administrator notices that incident reports are being insufficiently filled out, but does nothing, believing that the situation will likely correct itself. The administrator is _____.
1. Practicing effective control
2. Likely to be correct
3. Failing to control effectively
4. Right to monitor the situation for a period of time
- 26.** Corporate sends a directive to its flagship facility administrator, directing the administrator's attention more toward outcome of resident care than cost of resident care during the coming 12 months. Corporate is more concerned with _____ than with _____.
1. Effectiveness/efficiency
2. Efficiency/effectiveness
3. Expenses/inputs
4. Expenses/throughput
- 27.** The long-term care sector receiving increased funding and attention from the federal government is the _____.
1. Home health care sector
2. Volunteer hospice group association
3. Long-term care hospital sector
4. Private insurance industry
- 28.** The concept that nursing homes should be reimbursed by states for their actual costs was part of the _____.
1. Emerging Medicare approach
2. Federal administration's goal as seen in new budgetary appropriations
3. Hatch Amendment
4. Goal statements of most state governments
- 29.** The intense health care cost-shifting efforts among providers such as Medicare, Medicaid, and local governments is _____.
1. On the wane
2. Likely to continue
3. Leading to increased reimbursements
4. Good for the nursing home profession
- 30.** Worried about the level of actual resident care being achieved in the facility, the administrator directs the nurses to spend less time charting and more time focusing on the effectiveness of care being given to residents. The likely result will be _____.
1. Better resident care, possibly increased deficiency citations
2. Better resident care, decreased deficiency citations
3. No real improvement in resident care, decreased charting
4. Greater sensitivity to resident need and better documentation
- 31.** The new social worker informs the head of nursing that admissions is all she has time for and that nursing must monitor and document each resident's socio-psychological experiences. The new social worker is _____.
1. Responding appropriately to priorities
2. Achieving a better balance of assignments within the facility
3. Responding inappropriately
4. Likely to improve the case mix dramatically

- 32.** Attempting to find the right person for each well-defined job is known as the management function of _____. (pp. 2-5)
1. Personnel work
 2. Interviewing
 3. Staffing
 4. The job search
- 33.** The administrator who takes steps that assure the goals are accomplished and that each job is done as planned is successfully _____. (pp. 2-5)
1. Getting results
 2. Improving outputs
 3. Controlling quality
 4. Sensing organizational needs
- 34.** The administrator's job is to assure that the _____ employees do the tasks of the organization at an acceptable quality level. (pp. 2-5)
1. Best prepared
 2. Trained
 3. Appropriate
 4. Unmotivated
- 35.** The administrator who conducts a national search for a director of nursing position and interviews 20 candidates from 7 different surrounding states by phone is engaged in the managerial function of _____. (pp. 2-5)
1. Directing personnel development
 2. Staffing
 3. Broad personnel searches
 4. In-depth interviewing
- 36.** In the end, it can be said that the administrator's responsibility to meet resident care needs and facility financial needs are _____. (pp. 2-5)
1. Clearly unequal
 2. A mismatch
 3. Both about equal
 4. Unclear
- 37.** Superior performance depends on taking exceptional care of residents via superior service and _____. (pp. 2-5)
1. Constant attention to the bottom line
 2. Constant innovation
 3. Attention to detail
 4. A good attitude
- 38.** Superior performance for a nursing facility comes through _____. (pp. 2-5)
1. Having all the beds full
 2. Achieving consistent profitability
 3. Innovation in ways to serve residents
 4. Efficient management of the budget
- 39.** The superb nursing facility is superb by virtue of its _____. (pp. 2-5)
1. Success in attention to consistent profitability
 2. Success in serving the residents
 3. Reputation in the community as a friendly place
 4. Achieving superior ratings

40. Answering the phones and resident call bells with common courtesy and doing things that work are examples of _____. (pp. 2-5)
1. Good sense
 2. Uncommon perceptions
 3. An ability to be practical
 4. A blinding flash of the obvious
41. Giving every employee the space to innovate at least a little; listening to residents and acting on their ideas; and wandering around with residents, staff, and suppliers are examples of the difficult-to-achieve _____. (pp. 2-5)
1. Long-range goals
 2. Short-range goals
 3. Common sense, obvious
 4. Typical facility approach

1.1.1 LEVELS OF MANAGEMENT

42. In a facility of 120 beds, the administrator _____ personally perform each of the management tasks. (pp. 5-7)
1. Need not
 2. Should
 3. Over a month will
 4. Over a year will
43. To assure that all the management tasks are successfully accomplished, the administrator of a 120-bed facility will typically divide management into _____. (pp. 5-7)
1. Two layers
 2. Three layers
 3. Eight cooperating teams
 4. Four teams
44. A licensed person responsible for formulating and enforcing policies that will be applied to an entire facility is thought of as a/an _____. (pp. 5-7)
1. Upper-level manager
 2. Senior administrator
 3. Board member
 4. Owner
45. The staff member responsible for reporting to upper-level management and at the same time interacting significantly with several lower-level managers is the _____. (pp. 5-7)
1. Director of finance
 2. Director of nursing
 3. Charge nurse
 4. Assistant to the administrator

- 46.** The staff person for whom both upward and downward communication skills are the most necessary is the _____. (pp. 5–7)
1. Staff development coordinator
 2. Director of nursing
 3. Nursing supervisor
 4. Assistant administrator for personnel
- 47.** When the director of nursing makes an effective policy decision without consulting the administrator, that impacts all nursing personnel, the administrator should _____. (pp. 5–7)
1. Be pleased
 2. Nevertheless be somewhat concerned
 3. Counsel with the director of nursing about chain of command
 4. Begin the search for a new director of nursing
- 48.** In the typical nursing facility, the decision-making process is _____ establishment of lower, middle, and upper levels of management. (pp. 5–7)
1. Noticeably more complicated than the simple
 2. Normally accomplished by the
 3. Successful if the ownership assures effective
 4. Rendered relatively uncomplicated through

1.1.2 LINE-STAFF RELATIONSHIPS

- 49.** Among the following positions, the _____ has no authority to make decisions for the facility. (pp. 7–8)
1. Director of nursing
 2. Supply room manager
 3. Assistant to the administrator
 4. Evening charge nurse
- 50.** Decisions made by persons on the staff to whom the administrator has delegated line authority are, in the final analysis, regarded as decisions by _____. (pp. 7–8)
1. The owners
 2. The board of directors
 3. The administrator
 4. The department head holding such line authority
- 51.** When a nurse practitioner, who is more highly qualified than the director of nursing, gives orders to nurses in the hallways, the director of nurses should feel _____. (pp. 7–8)
1. Reaffirmed
 2. Undermined
 3. That quality of care is being reinforced
 4. That a useful support system is functioning

52. In times of crisis, corporate representatives, who hold a staff or advisory relationship to their counterparts in the local facility, may expect that their advice as staff be _____. (pp. 7-8)
1. Regarded as strong recommendations
 2. Approached on a “take or leave it” basis
 3. Respected
 4. Acted on as carrying line authority

1.2

Forecasting

53. As a generalization, it can be asserted that managerial success belongs to those who _____. (pp. 9-11)
1. Successfully prepare for the future
 2. Are reactive on every front
 3. Constantly take initiatives
 4. Conserve resources
54. Nursing home administrators should anticipate and successfully prepare for _____. (pp. 9-11)
1. Increased reimbursement
 2. New long-term care legislation
 3. Increased longevity
 4. Rapid change
55. The long-term care industry has entered a period in which _____ change(s) can be expected. (pp. 9-11)
1. Fewer
 2. More dramatic
 3. Rapid and far reaching
 4. A more controlled rate of
56. The ability to accurately predict the future implications for nursing facilities of new trends to which the present environment may offer small clues is the skill needed to successfully _____. (pp. 9-11)
1. Forecast
 2. Review
 3. Read the meaning of history
 4. Learn from the past
57. Historically, during the 1970s and early 1980s (until the diagnosis related group method of reimbursement, i.e., the DRGs) nursing facility administrators made long-range projections during a period of _____. (pp. 9-11)
1. Unlimited change
 2. Intense social scrutiny of reimbursement mechanisms
 3. Relative stability in the health care field
 4. Rapid social change

- 58.** The rate of change in the health care field is believed to be _____. (pp. 9–11)
1. Slowing down
 2. Coming under control
 3. Increasing exponentially
 4. Retrenching
- 59.** Researchers have predicted that every 10 years _____ of all current knowledge and accepted practices in the health care and other industries will be _____. (pp. 9–11)
1. One-fourth/obsolete
 2. One-half/obsolete
 3. Three-fourths/still usable
 4. Four-fifths/still usable
- 60.** It is conceivable that the core business of the nursing home in this decade will _____ the core business of the nursing home of the next decade. (pp. 9–11)
1. Be entirely different from
 2. Remain relatively stable and closely resemble
 3. Undergo change at a slower pace than
 4. Be remarkably similar to
- 61.** One should expect that over the next few decades the rules governing the nursing home will be _____. (pp. 9–11)
1. Relatively stable
 2. New, never experienced before
 3. Even more formalized by Congressional legislation
 4. Enforced less due to decreased personnel available to state and federal agencies
- 62.** Nursing homes that stick to conventional formulas for success are/will _____. (pp. 9–11)
1. Be more likely to survive
 2. Miss new markets and be in a backwash
 3. Be more likely to produce a steady profit
 4. Survive while those introducing constant change will lose needed focus
- 63.** In the text it is argued that for the first time in human history the capacity exists to provide _____. (pp. 9–11)
1. Complete health care for all citizens
 2. A high level of health care for all citizens
 3. More health care than any nation can afford
 4. Affordable health care for all
- 64.** The roles possible for hospitals, nursing homes, home health agencies, and managed care organizations are _____. (pp. 9–11)
1. Predictable and, likely, manageable
 2. Sorting themselves out
 3. Being more and more successfully managed by government
 4. Endless and will remain up for grabs
- 65.** The staff in nursing facilities, over the next two decades, will likely _____. (pp. 9–11)
1. Experience culture shock
 2. Be reduced in staff/patient ratios
 3. Become accustomed to a predictable core business
 4. Remain committed to the facility, lowering turnover

1.3 Planning

1.3.1 WHY PLAN?

66. Plans can best be said to be statements of the _____. (pp. 11–15)
1. Hopes of the administrator
 2. Hopes of the ownership
 3. Prediction of the next steps needed
 4. Organizational goals of the facility
67. In order to survive, each facility must _____. (pp. 11–15)
1. Deal with the outside world
 2. Have immeasurably more income than expenses
 3. Know what the future will bring years in advance
 4. Write enough policies to cover all contingencies
68. A major advantage associated with carefully developed plans is making it possible to _____. (pp. 11–15)
1. Control the future
 2. Not repeat past mistakes
 3. Compare what happens to what was predicted
 4. Compare what happens to past experiences
69. When external conditions change, plans _____. (pp. 11–15)
1. Should remain in place
 2. Can be altered to meet the changed conditions
 3. Should be monitored, but not radically altered
 4. Are of decreased value
70. The observation about the idea that “if it ain’t broke, don’t fix it” is _____. (pp. 11–15)
1. That this is functionally valuable conventional wisdom
 2. That if it ain’t broke today, it will be tomorrow
 3. That too few managers understand this good advice
 4. That this is a solid insight one can depend upon
71. The approach to planning known as SWOT refers to focusing on _____. (pp. 11–15)
1. Strengths, weaknesses, occupancy level, and threats
 2. Strategies, weaknesses, opportunities, and threats
 3. Strengths, weaknesses, opportunities, and threats
 4. Statistics, work options, opportunities, and trends

1.3.2 STEPS IN PLANNING

- 72.** When considering building a new facility, necessary approvals by government agencies, such as zoning requirements, building codes, certificate of need, is/are _____. (pp. 11–15)
1. Routinely issued to applicants
 2. Sometimes difficult or impossible to obtain
 3. Available to all applicants
 4. Reserved for certain applicants
- 73.** Looking at competitors' expansion plans, occupancy levels, and local hospital plans when considering building a nursing facility is known as conducting a _____. (pp. 11–15)
1. Needs assessment
 2. Review
 3. Constructive analysis
 4. Construction review
- 74.** When planning a new nursing facility, the goal of being in operation within four months is best described as a/an _____. (pp. 11–15)
1. Unrealistic goal
 2. Long-range objective
 3. Short-range objective
 4. Realistic goal
- 75.** As a general rule, the planning process moves from _____. (pp. 11–15)
1. Goal to goal
 2. Unrealistic to realistic
 3. General to specific
 4. Vague to sharp
- 76.** One mentioned view of the planning process includes the observation that _____. (pp. 11–15)
1. The future will change our plans
 2. Keeping to a carefully thought-out plan is essential
 3. Planning produces a reasonable degree of certainty
 4. Plans, once in place, keep us on track toward our goal
- 77.** Nursing home administrators who expect the unexpected and thrive on it _____. (pp. 11–15)
1. Exhibit an unnecessary anxiety about the future
 2. Are too pessimistic
 3. Will last in the profession
 4. Will not make enough plans
- 78.** The area offering the richest opportunities for innovation is _____. (pp. 11–15)
1. Nursing
 2. Financing
 3. The unexpected
 4. Clear new trends

79. When one accepts the idea that change is a permanent part of life _____. (pp. 11–15)
1. Life becomes more uncontrollable
 2. Life becomes less comfortable
 3. Uncertainty proliferates
 4. One can take advantage of new opportunities
80. One must assume that other nursing home administrators in the community _____. (pp. 11–15)
1. Have found the best ways to “climb the mountain”
 2. Are excellent marketers
 3. May fail, if you fail
 4. Are “searching for new ways to climb the mountain”

1.4

Organizing

81. In the process of organizing the work of a facility, it is of real importance to assure that _____. (pp. 16–25)
1. Workers are satisfied
 2. Any union preferences are met
 3. There is no duplication of work
 4. Sufficient managers are appointed
82. Organizing is the first step in implementation of a/an _____. (pp. 16–25)
1. Challenge to the workers
 2. Plan
 3. Organizational chart
 4. Organizational reorganization
83. What the worker does, how the worker does it, what aids are necessary, what is accomplished, and what skills are needed are parts of a _____. (pp. 16–25)
1. Job family
 2. Job review
 3. Needs assessment
 4. Job analysis
84. It can be argued that all nursing facility administrators organize their facility according to _____. (pp. 16–25)
1. Local requirements
 2. The owners’ needs
 3. Some theory of organization
 4. The same theory of organization

- 85.** Viewing organizations as systems has the advantage of offering the manager a framework for visualizing the ____ of the organization. (pp. 16–25)
1. Inputs
 2. Outputs
 3. Internal and external environment
 4. Restraints
- 86.** An organized or complex whole, an assembling or combining of things or parts forming a complex or single whole, best describes the _____. (pp. 16–25)
1. Systems concept
 2. Organizational theory concept
 3. Complexity concept
 4. Organizational chart concept
- 87.** A primary advantage of systems theory is that it serves as a tool for making sense of the world by making clearer _____. (pp. 16–25)
1. How people interact
 2. Interrelationships within and outside the organization
 3. Interrelationships among the staff
 4. Interactions between staff and residents and their responsible parties
- 88.** If the outputs of the organization do not meet the administrator's expectation he takes ____ actions to bring the outputs into line with those planned. (pp. 16–25)
1. Results-oriented
 2. Quick
 3. Effective
 4. Control
- 89.** In essence, what nursing facilities do is use money to hire staff and provide materials needed to _____. (pp. 16–25)
1. Give patient care
 2. Show profitability
 3. Achieve conformity to regulations
 4. Meet owner requirements
- 90.** The patient care that is given by the facility (i.e., the output) _____. (pp. 16–25)
1. Is usually good
 2. Can range from good to unacceptable
 3. Achieved cures for the residents
 4. Meets federal and state requirements
- 91.** Asking if the work accomplished by the facility is up to expected standards and, if not, taking corrective actions is the act of _____. (pp. 16–25)
1. Taking charge
 2. Reviewing results
 3. Controlling quality
 4. Control of the inputs

92. The administrator uses _____ as the guidelines to compare the output with the expected results. (pp. 16–25)
1. The facility's policies and plans of action
 2. Goals
 3. Stated objectives
 4. External judgments
93. The passage of the Nursing Home Reform Act of 1987 can be viewed as a form of _____ the nursing home industry. (pp. 16–25)
1. Oppressive measure imposed on
 2. Object-oriented programming goals for
 3. External feedback of
 4. Internal feedback of
94. The external environment of the nursing facility consists of _____. (pp. 16–25)
1. Opportunities
 2. Available initiatives
 3. Constraints
 4. Opportunities and constraints
95. If something relates meaningfully to a nursing facility, but is something over which the facility has no control, for example, enforcement of the federal certification requirements, it can be said to be _____. (pp. 16–25)
1. Outside the facility's environment
 2. A constriction to the facility being successful
 3. A constraint in the external environment
 4. An opportunity
96. Increasing availability of managed care contracts, new niches, and increasing numbers of elderly needing care can be considered to be _____. (pp. 16–25)
1. Constraints
 2. Changes
 3. Opportunities
 4. Additional requirements
97. Systems analysis is most/equally useful to _____. (pp. 16–25)
1. The administrator
 2. The director of nursing
 3. The head of housekeeping
 4. The administrator, director of nursing, and head of housekeeping
98. Typically, the output of the nursing home as a system becomes the input for _____. (pp. 16–25)
1. Psychiatric hospitals
 2. Managed care organizations
 3. Health maintenance organizations
 4. The hospital or the resident's home
99. A nursing home and similar organizations can grow _____. (pp. 16–25)
1. Within a limited time span
 2. Until negative entropy applies
 3. Until resources run low
 4. Without any time limit

- 100.** The entropy process is considered a universal law of nature that all organisms _____. (pp. 16–25)
1. Can grow indefinitely
 2. Move toward death
 3. Can expand
 4. Can expand as long as more inputs are available
- 101.** As a general characteristic of organizations, it has been argued that, in general, organizations seek to _____. (pp. 16–25)
1. Grow
 2. Maintain their current size
 3. Shrink as needed
 4. Be flexible in adapting to change
- 102.** Once in place, organizations become creatures of habit and develop a tendency to _____ change. (pp. 16–25)
1. Embrace
 2. Resist
 3. Build on
 4. Create
- 103.** The most predictable response of a nursing facility experiencing a “disruptive employee” is to _____. (pp. 16–25)
1. Hold an inservice
 2. Counsel with the employee
 3. Let the employee go
 4. Contact the EEOC and ask for action
- 104.** When a nursing facility chain goes from being the leader to being behind the pack, this can likely be attributed to _____. (pp. 16–25)
1. Bullheadedness of top management
 2. Overconfidence
 3. Lack of enthusiasm
 4. A deep reservoir of outmoded attitudes and policies
- 105.** The training received in nursing school, medical school, and physical therapy school tends to _____. (pp. 16–25)
1. Create resistance to change
 2. Encourage innovation
 3. Open graduates to change
 4. Focus on niches
- 106.** The real purpose of systems thinking is to _____. (pp. 16–25)
1. Empower people to introduce organizational change
 2. Ensure that the current adjustments remain
 3. Tutor employees in how the organization is arranged
 4. Achieve conformity to the organizational chart

107. The movement of American medicine from 80% general practitioners in 1870 to 20% general practitioners in the 1990s is an illustration of the tendency of organizations to _____. (pp. 16–25)
1. Grow increasingly complex
 2. Embrace change
 3. Reverse their ratios
 4. Achieve independence

1.6 Directing

108. Directing is the process of communicating to employees what is to be done by each of them and _____. (p. 27)
1. Enforcing the rules
 2. Rewriting the rules
 3. Helping them to accomplish it
 4. Providing active training courses

1.6.1 POLICY MAKING

109. It is _____ to make policies that direct the activities of employees everywhere in the facility 24 hours a day. (pp. 27–32)
1. Impossible
 2. Improbable
 3. Possible
 4. Undesirable
110. It is neither possible nor desirable to establish policies for _____. (pp. 27–32)
1. All nursing assistants
 2. The admissions coordinator
 3. Every conceivable situation
 4. Situations with some variability
111. The specific spelling out, step by step, of the intended implementation of a policy is known as a _____. (pp. 27–32)
1. Set of controls
 2. Detailing of policy
 3. Set of procedures
 4. Set of limits

- 112.** A detailed plan of actions expected of each employee upon hearing the fire alarm is known as _____. (pp. 27–32)
1. A clearly developed policy
 2. A set of procedures
 3. Management expectations
 4. Detailed instructions

1.6.2 DECISION MAKING

- 113.** The internal process by which managers make decisions is _____. (p. 32)
1. Well understood
 2. A subject of little interest
 3. Entirely subjective
 4. Imprecise, not well understood
- 114.** It is the administrator's job to assure that all employees make the right decisions for the facility _____. (p. 32)
1. In every case
 2. With a minimum of worry
 3. Quickly
 4. As often as possible

1.6.3 LEADERSHIP

- 115.** Organizations that thrive over an extended period of time depend on having _____. (p. 33)
1. Large profit margins
 2. Charismatic leadership
 3. Consistent leadership
 4. Effective leaders
- 116.** Compared to defining the concept *deciding*, defining the concept *leading* is _____. (p. 33)
1. Less difficult
 2. More difficult
 3. Equally difficult
 4. Researched and understood
- 117.** The concept that history is *made* or measurably influenced by individuals who become leaders is known as _____. (p. 33)
1. Leadership by men
 2. Leadership by innovators
 3. The great leadership theory of history
 4. Man, the maker theory

- 118.** Democratic, authoritarian, and laissez-faire are _____. (p. 34)
1. Types of leadership styles
 2. Outmoded models for today's leaders
 3. Discounted today
 4. Types of political positions
- 119.** A supervising staff member the administrator might most want to provide leadership by walking around is the _____. (pp. 34–35)
1. Receptionist
 2. Charge nurse
 3. Director of nursing
 4. Director of housekeeping
- 120.** A major information advantage to leadership by walking around is the opportunity to _____. (p. 35)
1. Check on staff
 2. Engage in naive listening
 3. Get out of the office
 4. Check the floors
- 121.** It is _____ to maintain the chain of command when an administrator practices managing by walking around. (p. 35)
1. Especially difficult
 2. Especially easy
 3. Entirely feasible
 4. Impossible
- 122.** The administrator's work begins once the ownership has set forth the _____ of the organization. (p. 39)
1. Full rules
 2. Day-to-day rules and regulations
 3. Mission statement
 4. Procedures to be followed
- 123.** The best time for the administrator to introduce change in the facility is when _____. (p. 35)
1. Everyone is ready for it
 2. It is clear to all that the situation demands it
 3. It will improve the bottom line
 4. She doesn't have to
- 124.** The better administrator is the one who _____. (pp. 35–37)
1. Spends most hours in the facility wings
 2. In the administrator's office constantly explores ways to lead
 3. Reviews reports as the primary information channel about the facility
 4. Prepares for certification and the state to come in
- 125.** For every successful decision the administrator makes, _____. (p. 35)
1. The administrator is praised
 2. Recognition comes from those affected
 3. He may experience one or two wipe-outs
 4. Ownership is grateful

- 126.** One thing the successful administrator remembers about the environment is that it _____. (p. 36)
1. Remains beyond control
 2. Can be harnessed
 3. Can be brought under control
 4. Can be static
- 127.** One reason for the administrator not to give all attention to the most immediate opportunity is that _____. (p. 36)
1. Corporate is unlikely to approve
 2. Change costs too much energy
 3. Better opportunities may also exist
 4. It may not be what it seems
- 128.** The best time to begin a move toward introducing a change into a facility is when _____. (p. 36)
1. Change is still on the horizon
 2. Change is imminent
 3. The climate is right
 4. The staff are receptive
- 129.** The “waves of change” that were encountered in the late 1990s are _____. (p. 36)
1. Getting more manageable
 2. Coming slower, but are larger
 3. Remaining somewhat static since the year 2000
 4. Coming in set after set and getting bigger
- 130.** In the views of some contemporary corporate managers, change should be viewed more as a/an _____. (pp. 35–37)
1. Continuous process, not an event
 2. Process with some consistency
 3. Predictable process that can be managed
 4. Opportunity to consolidate past gains
- 131.** Being knowledgeable about the field and having competence and experience will take today’s administrator to _____. (p. 37)
1. Excellence
 2. Good
 3. The highest level
 4. Charismatic leadership
- 132.** When a nursing facility administrator has “that particular thing” in her blood she has a fire in the heart for _____. (p. 37)
1. Continuous quality improvement
 2. Continuously improving the quality of daily life of each resident
 3. A successful career
 4. Being totally professional

- 133.** Manager-centered leadership retains a ____ degree of control and uses ____ extensively. (p. 37)
1. Low/authority
 2. Medium/authority
 3. High/authority
 4. High/charisma
- 134.** Permitting the subordinates to make the decision and function within the limits defined by the manager is closest to a ____ style of management. (p. 37)
1. Laissez-faire
 2. Democratic
 3. Authoritarian
 4. Charismatic
- 135.** When deciding what style of management to employ in a given situation, the administrator should consider factors within himself, factors in the employees, and factors in the _____. (p. 38)
1. Organization
 2. External environment
 3. Five-year plan
 4. One-year plan
- 136.** A manager who is responsible for the development of more specific policies that interpret administration's policies for the employees one supervises is closest to ____ managing. (p. 39)
1. Upper-level
 2. Middle-level
 3. Lower-level
 4. Integrated
- 137.** The charge nurse responsible for applying policies provided by the director of nursing services is functioning most nearly at the ____ level of management. (p. 39)
1. Upper
 2. Middle
 3. Lower
 4. Integrated
- 138.** Origination: change, creation, and elimination of structure is the responsibility of ____ management. (p. 39)
1. Upper-level
 2. Middle-level
 3. Lower-level
 4. Functional
- 139.** Interpolation: supplementing and piecing out structure for the organization is the responsibility of ____ management. (p. 39)
1. Upper-level
 2. Middle-level
 3. Lower-level
 4. Functional

- 140.** Operational use of existing structure is the responsibility of ____ management. (p. 39)
1. Upper-level
 2. Middle-level
 3. Lower-level
 4. Functional
- 141.** According to Tannenbaum, the successful leader needs to be keenly aware of relevant forces in the situation, to understand herself, and also ____ vis-à-vis the situation. (p. 40)
1. Be calm and purposeful
 2. Interpret successfully
 3. Have insight
 4. Be able to behave appropriately
- 142.** The acts of the ____ leader are typically unexamined. (p. 40)
1. Accepted
 2. Venerated
 3. Charismatic
 4. Fully established

1.6.4 POWER AND AUTHORITY

- 143.** When one is able to motivate someone to do something he would not otherwise do, that person is said to be wielding _____. (p. 42)
1. Undue influence
 2. Self-control
 3. Power
 4. Excessive influence
- 144.** In the American culture power is a/an _____. (p. 42)
1. Relatively well understood concept
 2. Accepted tradition for all members of society
 3. Complex concept
 4. Simple set of beliefs
- 145.** The administrator's ability to award or withhold a year-end bonus represents _____ power held by the administrator. (p. 43)
1. Punishment
 2. Overarching
 3. Financial
 4. Reward
- 146.** Fear that the administrator may write a negative report and place it in one's personnel file represents the administrator's _____ power. (p. 43)
1. Expert
 2. Personnel
 3. Controlling
 4. Punishment

- 147.** Employees identifying and admiring the administrator yields ____ power to the administrator. (p. 43)
1. Expert
 2. Exceptional
 3. Additional
 4. Referent
- 148.** Two types of power available to all staff members are _____. (p. 44)
1. Legitimate and reward
 2. Punishment and reward
 3. Referent and reward
 4. Expert and referent
- 149.** As a general rule, it is better if an administrator can possess and exercise ____ power. (p. 44)
1. Expert and referent
 2. Charismatic and punishment
 3. Expert and punishment
 4. Legitimate and punishment
- 150.** The presence of numerous professions such as the medical, nursing, dental, and pharmaceutical professions in the facility tend to ____ the administrator's power. (p. 44)
1. Constrain
 2. Increase
 3. Augment
 4. Supplement

1.6.5 COMMUNICATION SKILLS

- 151.** Communication is the exchange of information and the transmission of _____. (p. 45)
1. Meaning
 2. Memos of documentation
 3. Faxes
 4. Internet messages
- 152.** The administrator initiates a communication and it is transmitted from its source to its destination. Communication has _____. (p. 46)
1. Not yet taken place
 2. Been accomplished
 3. Been reviewed
 4. Been retrieved
- 153.** Listening with intensity, acceptance, empathy, and a willingness to assume responsibility for understanding the speaker's complete message is sometimes called _____. (p. 46)
1. Passive listening
 2. Attentive listening
 3. Active listening
 4. Paying full attention

- 154.** Two systems of communication usually exist side by side in an organization and are known as _____. (p. 46)
1. Active and inactive
 2. Upward and lateral
 3. First layer and second layer
 4. Formal and informal
- 155.** Two nurses chatting while on break in the nurse's lounge about a patient's status is _____ communication. (p. 46)
1. Upward
 2. Downward
 3. Horizontal
 4. Peer
- 156.** Two nurses chatting about the most recent events in the administrator's office while on break in the nurses' lounge are engaged in _____ communication. (p. 46)
1. Formal
 2. Informal
 3. Casual
 4. Gossip-type
- 157.** It can be reasonably argued that every communication is likely to have _____. (p. 46)
1. Intended impact
 2. Unintended consequences
 3. Serendipitous results
 4. Multiple levels of meaning
- 158.** The informal communication process most closely resembles _____. (p. 46)
1. The consultant pharmacist reporting findings to the director of nursing
 2. The nurse assistant chatting with a resident while making the bed
 3. The administrator calling a report in to corporate
 4. The charge nurse reporting to the nurse supervisor
- 159.** The director of nursing giving instructions to the nurse supervisor is considered _____. (p. 46)
1. Upward communication
 2. Downward communication
 3. Flawed communication
 4. To be done twice each shift
- 160.** The nurse assistant reporting to the nurse supervisor about an incident in a patient room is an example of _____ communication. (p. 46)
1. Upward
 2. Downward
 3. Optional
 4. Well-organized
- 161.** The closer one gets to the organization center of control, the administrator's office, for example, the _____. (p. 46)
1. More pronounced the emphasis on the exchange of information
 2. Less important constant information exchange becomes
 3. Less necessary written reports become
 4. More comfortably the administrator can operate

- 162.** The nurse assistant, preoccupied and angry over unsettled matters at home, interprets the comments by the nurse as hostile comments. This illustrates a barrier to communication known as _____. (pp. 46–48)
1. Differences in knowledge level
 2. Subgroup allegiance
 3. Status distance
 4. Agenda carrying
- 163.** The charge nurse who remembers the words of praise from the director of nursing, but ignores the criticisms also received from the director of nursing illustrates a barrier to communication known as _____. (pp. 46–48)
1. Selective hearing
 2. Subgroup allegiance
 3. Status distance
 4. Agenda carrying
- 164.** The nurse assistant realizes that her fellow nurse assistant is sleeping much of the night shift, but decides not to rat on her. This illustrates _____. (pp. 46–48)
1. Differences in knowledge level
 2. Subgroup allegiance
 3. Status distance
 4. The filter effect
- 165.** The nurses aide realized the patient's condition should be pointed out to the attending physician who had just popped into the patient's room, but hesitated to approach the physician. This illustrates the effects of _____. (pp. 46–48)
1. Differences in knowledge level
 2. Subgroup allegiance
 3. Status distance
 4. The filter effect
- 166.** The medication nurse thought she understood what the pharmacist had just said about the side effects of a medication, but found the technical jargon used by the pharmacist to be intimidating. This illustrates _____. (pp. 46–48)
1. Differences in knowledge level
 2. The language barrier
 3. Status distance
 4. The filter effect
- 167.** The charge nurse decided not to write up an incident on her shift because four incidents had already been written up that week on her shift. This illustrates _____. (pp. 46–48)
1. Differences in knowledge level
 2. Subgroup allegiance
 3. Self-protection
 4. The filter effect

- 168.** The new 30-page-long policy on universal precautions contained so many new requirements that staff soon began to revert to their time-tested approaches in conducting patient care. This illustrates _____. (pp. 46–48)
1. Differences in knowledge level
 2. Information overload
 3. Status distance
 4. The filter effect

1.6.6 ORGANIZATIONAL NORMS AND VALUES

- 169.** Under Tag F241 the government defines dignity as caring for residents in a manner that maintains full recognition of the resident's _____. (pp. 49–50)
1. Individuality
 2. Personal tastes
 3. Past types of activities
 4. Reasonable expectations
- 170.** Dignity has been interpreted by states' examiners _____. (p. 50)
1. With wide variations
 2. Fairly consistently
 3. Differently depending on the section of the country
 4. With excellent consistency
- 171.** Standardized patterns of required behaviors developed by the facility to enable staff to accomplish necessary work defines a _____. (p. 49)
1. Norm
 2. Set of values
 3. Specific patterns
 4. Role
- 172.** Over the years 1999 and 2008 the percentage of nursing facilities in the United States given deficiencies in Quality of Life, dignity _____. (p. 49)
1. Held steady
 2. Went consistently up
 3. Varied widely by state and over time
 4. Went lower as facilities improved care
- 173.** Treating all residents with respect is best described as a _____. (p. 49)
1. Role
 2. Norm
 3. Value
 4. Commitment

- 174.** A statement broadly defining the purposes and values held by a facility is a _____. (p. 50)
1. Statement of intent
 2. Set of aspirations
 3. Long-term goal
 4. Mission statement
- 175.** When the administrator concentrates on getting paperwork done, meeting regulations, and saving money, the staff _____. (p. 50)
1. Are freed to give more attention to good patient care
 2. Do the same
 3. Feel the facility is being successfully managed
 4. Give better quality care
- 176.** The area in which it is especially important for the administrator to implement a “no excuses” approach is _____. (p. 50)
1. In preventive maintenance
 2. In projecting capital needs
 3. Patient care
 4. Staff attitudes
- 177.** It is easier for staff to buy into and be motivated by a _____. (p. 50)
1. Day-to-day set of achievements to be reached
 2. Well-organized administrator
 3. Well-motivated administrator
 4. Dream or vision
- 178.** If a facility administrator can communicate a vision or dream _____. (pp. 50–51)
1. Goals are less necessary
 2. Goals can be more easily set and achieved
 3. Employee tenure will be maintained
 4. Employees will stop focusing on pay rates
- 179.** Corporate-generated goals or mission statements generally _____. (p. 51)
1. Motivate local facility workers
 2. Enervate
 3. Innovate
 4. Have difficulty motivating local facility workers
- 180.** Organizations need the leadership of the administrator because, in the final analysis, _____. (p. 51)
1. The administrator knows what is best
 2. People need to be led
 3. Someone has to be in charge
 4. All organizational designs are imperfect
- 181.** The actual behavior and functioning of an organization such as a nursing facility _____. (p. 51)
1. Closely resembles the plan
 2. Is an implementation of the plan
 3. Is relatively easily achieved
 4. Is infinitely more complex and incomplete than the plan

- 182.** The concept of delegation is permitting decisions to be made _____. (p. 52)
1. With full information
 2. By the well qualified nurse
 3. At the lowest level possible
 4. At the middle level of management
- 183.** In terms of the need for organizations to cope, the old phrase “if it ain’t broke, don’t fix it” needs to be changed to _____. (p. 52)
1. If you fix it, it will break elsewhere
 2. If you fix it too often, effectiveness will be lost
 3. If you don’t fix it all the time, it will break
 4. Fixing it all the time is counterproductive

1.6.7 ADDITIONAL RELATED CONCEPTS

- 184.** How people relate to each other in the organization, the overall style or feel of an organization, is referred to as _____. (p. 52)
1. Corporate meaning
 2. The value system
 3. The corporate culture
 4. The personnel handbook mission statement
- 185.** The concept of unity of command emphasizes the importance of each person _____. (p. 53)
1. Feeling like they fit in
 2. Remaining on the team
 3. Having a meaningful role in the organization
 4. Being accountable to one supervisor
- 186.** When the board of directors gives equal authority to manage the facility to the medical director and the administrator, the board has ignored the _____ concept. (pp. 52–53)
1. Short chain of command
 2. Utility
 3. Delegation
 4. Unity of command
- 187.** The principle that there should be as few levels of management between the chief administrator and the rank and file is the _____. (p. 53)
1. Short chain of command
 2. Intervening levels
 3. Effective middle levels of managers
 4. Maximum use of managers
- 188.** When the number of interpreters through whom information must be filtered before it reaches top management is minimized, the concept of _____ has been implemented. (p. 53)
1. Balance
 2. Span of control
 3. Short chain of command
 4. Low profile

- 189.** The administrator who pays attention to the size of the various departments, centralization and decentralization, span of control, and short chain of command is paying attention to _____. (p. 53)
1. Being a good manager
 2. Being effective
 3. The concept of balance
 4. What is occurring in the facility
- 190.** The administrator who begins with the nursing assistants' ideas then moves upwards through the director of nursing's ideas and does so for each department is utilizing the concept of _____. (p. 53)
1. Management information systems
 2. Lowest to highest
 3. Respect for the individual worker
 4. Management by objectives
- 191.** In determining the need for information, sources of information, and the amount, form and frequency of information, the administrator is considering his _____. (p. 54)
1. Idea sources
 2. Ways of organizing the facility
 3. Management information system
 4. Record-keeping measures
- 192.** The administrator tells the admissions director to drop the daily reporting and to report only on days census drops below 90%. The administrator is utilizing the _____ concept. (p. 54)
1. PERT/CPM
 2. Delegation
 3. Management by objectives
 4. Management by exception
- 193.** Mapping out time estimates for the completion of each step in renovating a wing is using _____. (pp. 54–55)
1. PERT/CPM
 2. Delegation
 3. Management by objectives
 4. Management by exception
- 194.** The administrator in the chain who is achieving the best level of resident care, but not necessarily the lowest cost per patient day, can be said to be _____, although perhaps not the most efficient administrator. (p. 55)
1. Most acceptable
 2. Effective
 3. Best motivated
 4. The best producer
- 195.** Studies of top corporate administrators suggest that these persons feel they can _____. (p. 55)
1. Manage best in their industry
 2. Train anyone to become a top manager
 3. Be motivators for everyone in the organization
 4. Manage almost anything

- 196.** The administrator who focuses on the time it takes each housekeeper to clean an area and the time it takes a nurse assistant to make a bed identifies with the _____. (p. 56)
1. Necessity to conserve time
 2. Necessity to be effective
 3. Scientific management school
 4. Human relations school
- 197.** Administrators who believe that human factors exercise the most powerful influences due to worker need to participate in social groups identify with the _____ school of management theory. (p. 56)
1. Scientific
 2. Practical
 3. Theoretical
 4. Human relations

1.7

Comparing and Controlling Quality

- 198.** An administrator judging the extent to which actual results of the facility's efforts achieve the outcomes proposed in the plans is _____. (p. 58)
1. Reviewing
 2. Judging
 3. Achievement oriented
 4. Comparing
- 199.** The administrator who is successfully taking the steps necessary to adjust policies and plans of action to more satisfactorily achieve stated goals is engaged in _____. (p. 58)
1. Actively managing
 2. Controlling
 3. Implementing
 4. Conserving resources
- 200.** Translating goals into clearly stated policies, identifying appropriate measures, and stating limits to deviation are some of the requirements for _____. (p. 59)
1. Improving management
 2. Effective control of quality
 3. Getting ahead of competitors
 4. Managing for results

- 201.** Getting information in a useful form to staff at appropriate levels, stating policies of actions to be taken when limits are exceeded, and taking corrective actions are some of the requirements for _____. (p. 59)
1. Improving management
 2. Effective control of quality
 3. Getting ahead of competitors
 4. Managing for results
- 202.** Setting up a system for constant renewal of quality measures, finding control measures that are functional and valued by staff, and knowing the limitations of the scope and capabilities of a system are some of the requirements for _____. (p. 59)
1. Improving management
 2. Effective control of quality
 3. Getting ahead of competitors
 4. Managing for results

1.7.2 DIAGNOSING/ORGANIZATIONAL QUALITY

- 203.** Physicians diagnose and treat patient illnesses; administrators diagnose and treat _____ illnesses. (p. 60)
1. Staff
 2. Corporate
 3. Organizational
 4. Epidemic
- 204.** When an administrator studies and determines what is believed to be a problem adversely affecting the nursing facility she is engaged in a study of _____. (p. 60)
1. Human nature
 2. What motivates employees
 3. Organizational pathology
 4. Organizational attitudes
- 205.** Which of the following is not a quality measure? (p. 61)
1. Percent of staff having a good feeling about patients
 2. Percent of residents who need help with activities of daily living
 3. Percent of residents with urinary tract infections
 4. Percent of short-stay residents with pressure sores
- 206.** Managers have always sought to achieve quality control in their organizations and _____. (p. 60)
1. Clear successes have been attained across the board
 2. The need for such control is a subject of controversy
 3. This remains an elusive aspect of managing
 4. This is largely behind us as we approach the turn of the century

- 207.** Assuring that all the organizational arrangements believed needed are in place puts the emphasis on ____ as a quality measure. (p. 66)
1. Structure
 2. Process
 3. Outcome
 4. Productivity
- 208.** Focusing on the results of the effort made and the measurable impacts on the patient of care given places the emphasis on ____ as a quality measure. (p. 66)
1. Structure
 2. Process
 3. Outcome
 4. Productivity
- 209.** The federal focus on the idea that a resident's abilities in activities of daily living do not diminish unless circumstances indicate it is unavoidable places the focus on _____. (p. 67)
1. Structure
 2. Process
 3. Outcome measures
 4. Productivity
- 210.** Quality, argued Deming, comes from _____. (p. 67)
1. Constant inspections
 2. A low rework rate
 3. Improvement in the process
 4. Unswerving attention
- 211.** Deming observed that too often nurses and nurse aids _____. (p. 62)
1. Did not really care about doing a quality job
 2. Did not identify with the goals of the facility
 3. Learned their job from workers who were never trained properly
 4. Learned too much in nursing and nursing assistant training
- 212.** The nurse supervisor's job, according to Deming, is to _____. (p. 62)
1. Lead
 2. Train properly
 3. Set standards
 4. Require commitment
- 213.** An atmosphere, according to Deming, in which employees feel secure enough to ask questions, take positions, and admit errors is free of _____. (p. 62)
1. Serious mistakes
 2. Arguments
 3. Fear
 4. Refusal to work
- 214.** The best source of slogans or work goals, in Deming's view, is _____. (p. 62)
1. Corporate leadership
 2. The community
 3. The facility
 4. Each individual worker

- 215.** Deming would ____ (of) setting the number of beds to be made each day or the number of rooms to be cleaned or floors scrubbed. (p. 62)
1. Approve
 2. Disapprove
 3. Insist on
 4. See as quite functional the
- 216.** In Deming's view, workers are _____. (p. 62)
1. Eager to do a good job
 2. In need of constant retraining
 3. Uninterested in the overall goals of the business
 4. Unmotivated for the most part
- 217.** Evaluation by performance, merit rating, and annual review of performance, in Deming's view, _____. (p. 63)
1. Encourage workers
 2. Allow workers to know where they stand
 3. Are regarded by workers as fair and needed
 4. Destroy teamwork and nurture rivalry
- 218.** If the administrator tells his director of nursing to compare how the facility's nursing services are organized with what he considers the best organized nursing services in the area, the administrator is _____. (p. 63)
1. Comparing
 2. Contrasting
 3. Benchmarking
 4. Trying to improve
- 219.** A benchmarking effort ____ be justified by seeking out significantly better practices rather than solely focusing on best practices. (p. 64)
1. Can rarely
 2. Can
 3. Never is
 4. Always can
- 220.** When Deming warned not to simply copy others' efforts when benchmarking, he was advocating _____. (p. 65)
1. A new approach to benchmarking
 2. Less benchmarking
 3. Improved benchmarking
 4. Adapting, rather than copying benchmarked ideas
- 221.** Total organizational involvement in improving all aspects of quality of service is the goal of _____. (p. 65)
1. Total quality management
 2. New management
 3. Spectrum management
 4. Management by objective

- 222.** The approach in total quality of management of placing responsibility with the workers who produce a service is sometimes known as _____. (p. 65)
1. Source management
 2. Outsourcing
 3. Quality at the source
 4. Worker involvement
- 223.** Employee empowerment in decision making, use of teams, and use of individual responsibility for services characterizes _____. (p. 65)
1. Management by quality
 2. Resource maximization
 3. Total quality management
 4. Benchmarking
- 224.** In the American Hospital Association's view, the goal of total quality management is to _____ customer expectations. (pp. 65–66)
1. Meet
 2. Anticipate
 3. Exceed
 4. Analyze
- 225.** Visionary CEOs acting as coaches, commitment to customers, and trained teams characterize _____. (pp. 65–66)
1. Successful benchmarking
 2. The Deming analysis and recommendation
 3. Total quality management
 4. Management by objectives
- 226.** Experience suggests that successful total quality management can be implemented in an organization over a period of _____. (pp. 65–66)
1. 5 to 10 months
 2. 5 to 10 years
 3. 2 to 3 years
 4. Under 1 year if the organization is fully committed
- 227.** Managing for quality consists of quality planning, quality control, and _____. (pp. 65–66)
1. Knowing the difference
 2. Being able to see the difference
 3. Quality improvement
 4. Benchmarking

1.8

Innovating

- 228.** Bringing new ideas into the way an organization accomplishes its purposes is the result of _____. (p. 73)
1. Hard work
 2. Predicting the future
 3. Innovating
 4. Quality improvement
- 229.** The role of innovator is _____. (p. 73)
1. Best assigned to the administrator
 2. Available to all employees
 3. A skill employees are able to develop
 4. Best taught in inservices
- 230.** One writer suggests that managers should _____ specific objectives that will guide the organization over an extended period of time. (p. 74)
1. Avoid trying to set out too
 2. Encourage
 3. Assign
 4. Insist on
- 231.** In the nursing facility, innovation is _____. (p. 74)
1. Seldom encountered
 2. The prerogative of middle and upper management
 3. Finding new solutions to creating quality of life for residents
 4. An ever elusive goal
- 232.** Innovation can be expected _____. (pp. 73–75)
1. From all levels in a nursing home chain
 2. Primarily from upper-level management
 3. Primarily from ownership
 4. From middle-level well trained staff who have the opportunity to update their skills

1.9

Marketing the Long-term Care Facility

1.9.1 THE TURN TO MARKETING

- 233.** Like many hospitals, nursing homes are increasingly turning to ____ to maintain satisfactory income. (p. 76)
1. Corporate bonds
 2. Filling a market niche
 3. Stock offerings
 4. Increasing the profit margins achieved
- 234.** When a facility has achieved the premier status as the best caregiver in the community, experience suggests that it will likely _____. (p. 76)
1. Retain that position over time
 2. Lull itself into complacency
 3. Make an even greater effort to retain its position
 4. Seek additional ways to maintain that position
- 235.** In today's competitive market, good nursing facilities _____. (p. 76)
1. Abound
 2. Are scarce
 3. Seldom are identifiable
 4. Have disappeared
- 236.** The downside of being a good nursing facility is that it _____. (p. 76)
1. Causes staff to stop trying
 2. Is difficult to maintain
 3. Is not recognized by the public
 4. Only puts you with the rest of the pack

1.9.2 THE "MARKETING" OF HEALTH CARE

- 237.** Several years ago the U.S. Supreme Court _____ self-imposed restrictions by health and other professionals against advertising services or prices that have the result of keeping the public ignorant or inhibiting free flow of information. (p. 77)
1. Ruled as permissible
 2. Discouraged, but did not rule illegal
 3. Ruled illegal
 4. Permitted

- 238.** Competition occurs when two or more organizations seek to serve _____ in an exchange process. (p. 77)
1. Two or more groups
 2. Four or more groups
 3. Numerous individuals
 4. The same individual or group
- 239.** The audit, market segmentation, choosing a market mix, implementing the plan, evaluation of results, and control are the steps in _____. (p. 78)
1. Managing by objectives
 2. Total quality management
 3. Marketing
 4. Good management
- 240.** The marketing of the nursing facility is in a special context because of _____. (pp. 78–79)
1. Special laws covering nursing facility marketing
 2. Public ambivalence toward the nursing facility
 3. Special costs to the nursing facility not borne by other providers
 4. Restrictive legislation governing nursing facility marketing practices

1.9.3 DEVELOPING A MARKETING STRATEGY

- 241.** Selecting a target market or markets, choosing a competitive position, and developing an effective marketing mix to reach and serve the identified customers is _____. (p. 79)
1. Unnecessary for the typical nursing facility
 2. Necessary only in states where no certificate of need exists
 3. Developing a marketing strategy
 4. Implementing good planning and directing
- 242.** A marketing strategy includes _____. (p. 79)
1. Excessive sums of money
 2. Hiring an outside firm
 3. Hiring a marketing person
 4. Selecting a target
- 243.** The administrator asks a committee to engage in the process of identifying, collecting, and analyzing information about the external environment. In marketing terminology the administrator is seeking a/an _____. (p. 81)
1. Environmental analysis
 2. Audit
 3. Segmented market
 4. Multiple market

- 244.** The percent of residents whose selected medical conditions were being treated as a medical condition requiring special care is _____. (p. 80)
1. Ostomy care
 2. Radiation therapy
 3. Tube feeding
 4. Mechanically altered diets
- 245.** When the administrator decides to serve only longer-term residents, Medicare residents, and Alzheimer's residents, in marketing terminology, the administrator has selected the _____. (p. 81)
1. Product mix
 2. Targets
 3. Goals
 4. Opportunities
- 246.** The percent of residents whose health condition is being treated as a medical condition requiring special care in rehabilitation is _____. (p. 81)
1. 2
 2. 20
 3. 70
 4. 91
- 247.** The steps of problem recognition, information search, alternative evaluation, purchase decision, and post-purchase evaluation are, in marketing texts, identified as the steps in _____. (p. 83)
1. Consumer decision making
 2. Facility market segmentation decisions
 3. Health care marketing practices
 4. Government rule making
- 248.** Factors such as general appearance of the facility, absence of odors, and the appearance of the patients may be factors of which the decision maker may not be consciously aware in visiting a facility into which to place a relative. These are referred to as _____ factors. (p. 84)
1. Key
 2. Special
 3. Usual
 4. Subliminal
- 249.** Normally, one of the most effective marketing tools is _____. (p. 84)
1. Advertising
 2. Staff recommendations
 3. A tour through the facility
 4. Hiring a consultant
- 250.** Cognitive readiness, affective readiness, and behavioral readiness are _____. (p. 85)
1. A complex marketing theory
 2. The steps in marketing
 3. The goals of advertising
 4. Often not cost effective