Name of Person Taking Test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSAN\_\_\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

(Print Please)

**PERSONAL CARE ASSISTANT COMPETENCY EVALUATION Part I**

**WRITTEN EXAMINATION PCA ANSWERS**

*Instructions: Circle* the ONE Correct Answer *Note: Each Question* = *1 Point. Minimum of 80 Correct to Pass.*

# ROLE OF THE PERSONAL CARE ASSISTANT

True or False

1. T F

1. T F
2. T F
3. T F
4. T F
5. . T F
6. T F
7. T F
8. T F
9. T F

Questions

1. A B C D
2. A B C D
3. A B C D

# COMMUNICATION True or False

1. T F
2. T F
3. T F

# Questions

1. A B C D
2. A B C D
3. A B C D
4. A B C D
5. A B C D

# OBSERVATION, REPORTING AND DOCUMENTATION True or False

1. T F
2. T F
3. T F

# Questions

1. A B C D
2. A B C D
3. A B C D
4. A B C D
5. A B C D

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Name of Person Taking Test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSAN\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_

(Print Please)

# READING AND RECORDING TEMPERATURE, PULSE AND RESPIRATIONS True or False

1. T F
2. T F
3. T F

# Questions

1. A B C D
2. A B C D
3. A B C D

# INFECTION CONTROL True or False

1. T F
2. T F
3. T F

# Questions

1. A B C D
2. A B C D

# BODY FUNCTION AND CHANGES True or False

1. T F
2. T F
3. T F

# Questions

1. A B C D
2. A B C D
3. A B C D

# MAINTENANCE OF A CLEAN, SAFE ENVIRONMENT True or False

## T F

1. T F

# Questions

1. A B C D
2. A B C D

# EMERGENCY PROCEDURES True or False

## T F

1. T F
2. T F

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Name of Person Taking Test: SSAN\_\_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

(Print Please)

# Questions

1. A B C D
2. A B C D
3. A B C D
4. A B c D

# HUMAN DEVELOPMENT

True or False

## T F

1. T F
2. T F

Questions

1. A B C D
2. A B C D
3. A B C D
4. A B C D
5. A B C D

# PERSONALCARE

# True or False

1. T F

## T F

1. T F

# Questions

1. A B C D
2. A B C D
3. A B C D
4. A B C D
5. A B C D

# SAFE TRANSFER TECHNIQUES AND AMBULATION True or False

1. T F
2. T F
3. T F

# Questions

1. A B C D
2. A B C D
3. A B C D
4. A B C D
5. A B C D
6. A B C D

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Name of Person Taking Test: SSAN\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

(Print Please)

# NORMAL RANGE OF MOTION True or False

1. T F
2. T F
3. T F

# . Questions

1. A B C D
2. A B C D
3. A B C D
4. A B c D

# NUTRITION True or False

1. T F
2. T F
3. T F

# Questions

1. A B C D
2. A B C D
3. A B C D
4. A B C D
5. A B C D
6. A B C D
7. A B C D

# CULTURAL DIFFERENCES IN FAMILIES Question

100. A B C D

End of Test

Signature of Person Taking Test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*(STAFF USE ONLY)\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Examination Date: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_ (Passing Score 80 or Above) Score \_\_\_\_\_\_\_\_\_% Pass \_\_\_\_\_\_\_\_ (80+) Fail \_\_\_\_\_\_

Graded By Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: RN \_\_\_\_\_ LPN \_\_\_\_\_

PHCP (Agency Name) COURAGEOUS HOME CARE Phone: (478) 477-7594 Fax: (478) 477-2556

Address 4339 HARTLEY BRIDGE ROAD BOX 314 MACON, GA 31216

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