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der vielen Websites, die Ihnen einen bestmöglichen Garant bietet. Wenn Sie ITZert wählen, kommt der Erfolg auf Sie zu.

Medical Professional Certified Healthcare Facility Manager (CHFM) certification exam CHFM Prüfungsfragen mit Lösungen (Q104-Q109):

104. Frage

A measured carbon dioxide level of 1,500 ppm in an area of a facility may indicate

- A. vehicular exhaust entering the area.
- **B. lack of outside air.**
- C. humidity/dewpoint problems.
- D. air exchange rates are within design.

Antwort: B

Begründung:

Acceptable indoor CO₂ concentrations in healthcare facilities are generally expected to remain below 1,000 ppm, as recommended by ASHRAE Standard 62.1 (Ventilation for Acceptable Indoor Air Quality). A reading of 1,500 ppm typically signals inadequate ventilation and insufficient outside air being introduced into the space. This is a direct indicator of poor dilution of indoor contaminants.

Correct: Lack of outside air (C) - High CO₂ concentrations are directly linked to reduced outside air supply.

Incorrect:

- A). Within design - Not correct, since 1,500 ppm exceeds design thresholds.
- B). Vehicular exhaust - Would raise CO and NO_x levels, not primarily CO₂.
- D). Humidity/dewpoint - Unrelated to CO₂ measurement.

References:

ASHRAE 62.1: Ventilation for Acceptable Indoor Air Quality.

CHFM Candidate Handbook - Maintenance and Operations domain: ventilation standards.

105. Frage

When balancing cost and function of access control needs for a single person office where access is restricted to the occupant, the best solution is a

- A. badge access lock.
- B. keypad lock.
- **C. key lock.**
- D. biometric lock.

Antwort: C

Begründung:

For a single-user office, the most cost-effective and functional choice is a key lock. Other options (keypad, badge, biometric) are appropriate for higher-security or multi-user access points but are excessive in cost and complexity for one occupant.

B). Key lock (Correct): Meets the requirement simply and inexpensively.

A). Keypad lock: Adds unnecessary technology and cost.

C). Biometric lock: High cost, appropriate for sensitive areas only.

D). Badge access lock: Requires system integration and ongoing management not justified for a single office.

References:

AHA/CHFM Candidate Handbook - Administration domain (cost vs. function decision-making).

ASHE Security Guidelines for Healthcare Facilities.

106. Frage

An electrical transformer has 254 turns in the primary winding and 127 turns in the secondary winding. If a source emf of 220 volts is applied to the primary coil, the value of the voltage available in the secondary coil is

- A. 220.

- B. 110.
- C. 440.
- D. 127.

Antwort: B

Begründung:

The transformer voltage ratio is determined by the turns ratio:

#

#

#

#

=

#

#

#

#

V

p

V

s

=

N

p

N

s

#

#

=

#

#

×

127

254

=

220

×

0.5

=

110

volts

V

s

=V

p

×

254

127

=220×0.5=110volts

A). 110 (Correct): Secondary voltage is half of the primary because turns ratio = 0.5.

B). 127: Incorrect, not consistent with ratio.

C). 220: Would occur only if turns ratio = 1.

D). 440: Would occur if secondary had twice as many turns as primary.

References:

NFPA 70: National Electrical Code - Transformer basics.

CHFM Candidate Handbook - Maintenance and Operations (Electrical Systems).

107. Frage

An administrator is considering outsourcing the BioMed function to reduce cost. The low-bid base price for outside annual inspection and testing service is \$180,000 with an \$80/hr repair labor rate and a \$120/hr call-in labor rate. The BioMed department

currently has an annual labor budget of \$240,000. Assuming an estimate of 600 hours of repair labor and 100 hours of call-in labor, how much will the administrator save annually with the outsourcing option?

- A. \$12,000
- **B. \$0**
- C. \$48,000
- D. \$80,000

Step-by-Step Calculation:

Current in-house cost: \$240,000.

Outsourcing cost:

Base price: \$180,000

Repair: 600 hrs × \$80/hr = \$48,000

Call-in: 100 hrs × \$120/hr = \$12,000

Total outsourcing = \$180,000 + \$48,000 + \$12,000 = \$240,000

Difference: \$240,000 - \$240,000 = \$0

Antwort: B

Begründung:

The outsourcing scenario matches the current in-house budget exactly; therefore, no savings are achieved.

This type of financial analysis is common in the CHFMM Financial Management domain.

108. Frage

Child abduction system evaluation is best accomplished by

- **A. security professionals.**
- B. risk managers.
- C. the safety committee.
- D. administration.

Antwort: A

Begründung:

The evaluation of child abduction systems—such as infant security alarms, electronic tagging devices, and controlled access systems—falls under the expertise of security professionals. These professionals are trained to test, monitor, and validate the effectiveness of electronic security and surveillance systems. Their role ensures that abduction-prevention technology is properly installed, maintained, and capable of responding effectively in an emergency.

* Correct Answer (B. security professionals): According to the CHFMM exam content outline under Compliance, healthcare facilities are expected to implement and evaluate security measures that meet regulatory and safety requirements. The responsibility for the technical and functional evaluation of systems like infant abduction alarms lies with trained security staff.

* Incorrect Options:

* A. administration: While hospital administration sets policy and allocates resources, they are not directly responsible for evaluating technical systems.

* C. the safety committee: Safety committees review incidents and provide oversight but do not conduct system-level technical evaluations.

* D. risk managers: Risk managers focus on identifying potential liability and compliance issues but rely on security professionals to conduct the detailed evaluation of child abduction systems.

Relevance to CHFMM Compliance Domain:

Within the Compliance domain of the CHFMM exam, managers must demonstrate knowledge of regulatory standards for security in healthcare facilities, particularly in sensitive areas such as maternity wards.

Evaluation of abduction-prevention systems aligns directly with security operations, which are managed and verified by trained security professionals to ensure compliance with The Joint Commission (TJC), CMS, and industry best practices.

References:

American Hospital Association (AHA), CHFMM Candidate Handbook - Exam Content Outline, "Compliance" domain: includes responsibilities for security and safety system evaluation.

The Joint Commission (TJC), Environment of Care Standards - Requirements for infant and pediatric abduction prevention measures.

NFPA 99: Health Care Facilities Code - Security system integration into patient safety measures.

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