



VERIFICATION OF ANNUAL HOME HEALTH
INSERVICE COMPLETION

This letter serves to verify that _____ has been given the ACCS Annual Home Health In-service Information supplied in the documents listed below:

- | | <u>Date Completed</u> |
|--|-----------------------|
| • Documentation 2011 (1.5 hr) | _____ |
| • 2011 Joint Commission Patient Safety Goals & Med Reconciliation (1.5 hr) | _____ |
| • Mechanical Ventilation in the home (2 hr) | _____ |
| • Trach Changes (1 hr) | _____ |

Susan K. McEwen RN
Susan McEwen RN, BSN
Home Health Nursing Supervisor

Date