



Resident ID Information Label

Managed Risk Negotiated Agreement

Concerns Identified	
Possible Solutions	
Agreement Reached	
Name of Resident/Guardian/ Responsible Party	Signature
Name of Family Member (where Applicable)	Signature
Name of Facility Manager/ Designate	Signature
Name of Director of Continuing Care	Signature
Facility	
Date of Agreement -Year/Mth/Day	Date of Review - Year/Mth/Day