# Provider Risk Management Strategies

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| **Person’s name:** |       | **Provider/Site Name:** |       | **Date:** |       |

List risks identified on the ISP Risk Management Plan or Service Agreement and what support document(s) are in place to address each risk.

| **Risk** | **Title of document** | **Document date** | **Where kept** |
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| Does this person have a Nursing Care Plan at this location? [ ]  No [ ]  Yes, where found: |       |