

## State vets' homes given mixed reviews

● All five of the Minnesota veterans' homes offer high-quality care, a consultant's report to the governor says. But it also notes that distrust and leadership problems make oversight difficult.

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The quality of care and level of services at Minnesota's five veterans' homes "are very high ... and most facilities exceed expectations," a consultant's report to Gov. Tim Pawlenty has concluded.

But there is frustration at every level within the system, lax oversight and confusion about leadership roles, the report said. And regulatory problems at the Minneapolis home could erupt again without focused attention, the consultant warned.

Many of the problems have been

caused by poor communication, lack of confidence in home administrators by the system's Board of Directors, and confusion within the board over whether it should advise or govern the homes, the report said.

In addition, many employees distrust their managers, it said. The system cares for about 1,380 veterans in nursing homes and assisted-living facilities.

Pawlenty ordered a review of the Minnesota Veterans Homes after the

state's Health Department last July found 27 infractions of state rules governing patient care, food and building upkeep.

The top four officials at the Minneapolis home were fired by the veterans board's executive director, Stephen Musser, who then became interim administrator of the 341-bed home, the largest in the system.

**Report continues:** The analysis sent to Gov. Tim Pawlenty includes "critical recommendations." **B4** ▶

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## ◀ REPORT FROM BI

The issue also was the subject of a legislative hearing last year, where central-office staff members were quizzed sharply about the operations.

The consultant's report was prepared for the Veterans Homes Board of Directors by Health Dimensions Group of Brooklyn Park, a health management and consulting firm. It was forwarded to the governor last month and will be taken up Thursday at the board's monthly meeting.

The 65-page report is not available on the Internet, Musser said.

### Critical recommendations

The report included a list of "critical recommendations." They include:

- Create an 18-month turnaround plan for the Minneapolis home to ensure continued compliance with state rules.
- The report noted that significant changes in staffing and training have helped, but said the facility needs to establish "accountability at all levels."
- Outside experts should conduct mock quarterly inspections.
- Hire a consultant to find a new administrator and other top managers at the Minneapolis home, allowing Musser and others to return to their central-office duties.
- Start a formal program to

boost employee morale at the Minneapolis home and celebrate its successes. That could be a pilot program for all five veterans homes.

- Operate the Board of Directors as a governing board as state law requires instead of as an advisory board. Some directors do not understand the board's role, and new directors are not adequately trained. (On Friday Pawlenty appointed two new board members and replaced the board chairman, who retired.)

- Move Board of Directors offices into the Minneapolis Veterans Home for closer oversight.

- Establish a strategic agenda and priorities at the Board of Directors level. Strategic planning by administrators last year apparently yielded no specific priorities or plan of action.

- Clarify the roles of central-office staff and move away from "loose oversight ... to a more centralized office model." Officials at the homes now often view directives from the main office as only advisory.

The consultant singled out the home at Fergus Falls as "among the best nursing homes we have reviewed in Minnesota, and [the Luverne home] is also a very strong performer."

The other homes are located in Hastings and Silver Bay.

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