



**MINNESOTA DEPARTMENT  
OF VETERANS AFFAIRS**

# **Veterans' Health Care Reserve Fund and State Veterans Home Staffing Report**

**Pursuant to 2023 Minn. Stat. Ch. 198, §198.45**

**January 15, 2026**

## Introduction

Pursuant to 2023 Minn. Stat. Ch. 198, §198.45, the following report includes data reflecting:

- Current and historical amounts maintained as a reserve
- Current and historical Minnesota State Veterans Homes' bed capacity and usage
- Information regarding state and national standards for staffing of direct care providers
- Metrics and surveys pertaining to the MN State Veterans Homes' quality of care
- MN Veterans Homes Veterans Health Care recruitment and retention program to include staffing levels and vacancy rates.

Since the past reporting period, MDVA - Healthcare Division has had the following notable situations:

- A comprehensive update to the Healthcare Division organizational chart to improve operational oversight and continuity of operations. This included the development and implementation of the **Assistant Commissioner position who has direct oversight of the eight MN Veterans Homes** and is required to have background and work experience in the management of long-term care facilities including licensure.
- **MDVA successfully opened (January/February 2024) and passed the VA regulatory recognition survey for new MN Veterans Homes in Preston, Montevideo and Bemidji.** All are working to increase their census with an operational goal to be above 70% by end of FY26. This effort has been extensive and challenging, specifically in our post-pandemic environment and significant healthcare workforce shortage situation. Regardless of challenges, the agency continues to focus on improving operations in these new facilities, as well as becoming certified with the Centers for Medicare and Medicaid Services (CMS).
- COVID-19 pandemic response continued in all MN Veterans Homes and the Adult Day Healthcare program and has broadened to include high vigilance and response with any infectious disease to include COVID-19, Influenza, RSV and others.
  - Since spring 2020, MDVA Healthcare division has been proactive and comprehensive in its approach to Infection Prevention, in such areas as; PPE, screening of staff, residents and visitors, testing, cohorting of residents and staff where able, increase disinfection within the facilities, and contact tracing related to positive cases.
  - In addition, there has been much effort in the creation of policies and operational procedures that reflect the intent of regulatory bodies such as CMS, the Minnesota Department of Health (MDH), Centers for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA) and others, and the revision as regulatory language is updated.
- **When outbreaks are experienced, as they are consistently throughout the year, homes often need to pivot their operational approach to ensure resident care needs are met.** This may include increased overtime staffing costs to accommodate those staff that are out following the quarantine protocols or delayed admissions to protect or manage a unit and residents that are experiencing outbreak. The quarantine guidelines for residents and staff who test positive for COVID-19 were recently upheld by CMS and the CDC. For skilled nursing homes, staff remain required to quarantine for 10 days and residents are quarantined for 10-20 days. This is the industry standard for nursing homes and differs from other community standards due to frailty of the population.

- **Healthcare staffing continues to be a primary focus for the agency** as many healthcare and long-term care facilities face great challenges, both within our state and nationwide. The agency has put in place a comprehensive recruitment and retention strategy and will continue to refine and adapt its strategy to remain an employer of choice and to meet occupancy goals for Veterans served.

## Minnesota Veterans Homes Healthcare – Reserve Account

The Veterans Homes special revenue reserve account is maintained to mitigate against unexpected costs and variations in funding from the State of Minnesota General Fund and the revenues received from the United States Department of Veterans Affairs (VA) and CMS. Fluctuations in the reserve account from historical levels, year-to-year, are generally attributable to inflation and increases and decreases in staffing, salaries and benefits costs, recurring changes to the resident mix and resident maintenance fees, and the associated levels of federal funding and reimbursements. In addition, the reserve account was greatly needed during the COVID-19 pandemic to support and ensure all necessary costs were covered during that emergency. However, the amount of money in our reserves declined significantly by FY2024 and into FY2025 to only \$5.3 million, which is attributable to the costs associated with the start-up of new Veteran homes and increased labor costs negotiated through union contracts. MDVA has sustained an operating budget increase from roughly \$160 million annually to close to \$190 million annually due to the growth in the organization, and accordingly new challenges with management of this reserve fund were sustained over the previous biennium.

*(in thousands)*

	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025
Ending Reserve Balance	\$14,009	\$13,175	\$19,433	\$14,681	\$11,637	\$4,909	5,312

It is the recommendation of the agency, that to ensure continuity of operations and the commitment to providing high quality care services in our MN Veterans Homes, that the agency maintain a reserve account moving forward to prepare for any unforeseen operational changes, emergency situations requiring immediate action, or impacts that are not unique to the long-term care industry. Having a reserve approximately 10% of the division annual budget follows industry standards and would ensure proper resources are in place should an unforeseen emergency occur.

## Utilization of Existing Veterans Homes

Bed Utilization and census within the Veterans Homes is a priority and is frequently reviewed and analyzed by the MDVA senior leadership team. Prior to the COVID-19 pandemic almost all MN Veterans were consistently operating in the 90%+ occupancy rate and had very few challenges with staffing, recruitment, and retention. Beginning in 2020, the situation has shifted significantly and has required the ongoing strategic planning of the organization. To address the challenges faced in our MN Veterans Homes in the post-pandemic environment, census capacity was adjusted and optimized in several homes. Census optimization analysis and recommendations to stakeholders were done with the following key factors driving proposed adjustments.

- Healthcare Workforce challenges and availability reduction – due to the significant workforce shortages felt primarily in greater MN, staffing adjustments needed to occur in three MN Veteran Homes.
- Infectious Disease prevention – Several MN Veterans Homes had maintained historical long-term care environments posing greater risk during infectious disease outbreaks with shared rooms and shared bathrooms. To better prepare and ensure resident protection, bed capacity changes have been made to provide more private rooms and private bathrooms in three MN Veterans Homes.
- Clinical Needs – residents and potential residents are coming to our MN Veterans Homes with changing healthcare needs to include behavioral health needs, more extensive equipment, and an increased need for quarantine and isolation due to communicable diseases.
  - This clinical acuity change supported a recommendation to create all private rooms and private bathrooms in three new MN Veterans Homes as well increase this availability in three existing homes.
  - This follows the industry standards that have gravitated towards private bedrooms with bathrooms, the requirements of any new construction within the State Veterans Home funding, and the overall desire of a majority of individuals who value their privacy and are requesting and seeking private rooms and bathrooms.

It should also be noted that we continue to determine the future positive impacts of our three new Veterans Homes to our waiting list estimated time and projected census goals. There are many factors that drive the MN Veterans Homes as priority placement for our MN Veterans and their families. To name a few:

- MN Administrative Rule 9050 and Maintenance Fee Assessment – The process in which a Veterans income and assets are evaluated and applied to their personal responsibility is different than a community nursing home or senior living setting. In most situations there are advantages for the Veteran and their family regarding the transfer of asset limits and the calculation for determining personal needs allowance. For note, the MDVA is currently revising MN Administrative Rule 9050.
- Veteran-specific service delivery – Veterans and their families have expressed preference in a MN Veterans Home because of the competency of staff, above required staffing standards, state of the art facilities and equipment, unique Veteran-specific activities and quality of life enhancements and specialized understanding and care for Veteran related health concerns.
- Waiting List – MN Administrative Rule 9050 guides the waiting list procedure for the MN Veterans Homes. The MN Veterans Homes remain in demand for placement, and we know that Veterans prefer to reside in facilities where they are joined by other Veterans. A waiting list of 3-15 months exists in all MN Veterans Homes, except for the Domiciliary Program.
- The MN Administrative Rule 9050 does cause challenges as it is a first come first serve waiting list and not a waiting list based on acuity or need. Often Veterans and families will place themselves on the waiting list and not at that time need care but are trying to anticipate when skilled nursing care may be needed.
  - The waiting list timeline for the skilled nursing facilities has remained relatively the same estimated length of time for over 10 years, with the exception of increased waiting times during the emergency response of the COVID-19 pandemic.
  - The waiting list timeline for the Domiciliary program is relatively short, however, the complex psychosocial needs of residents considering placement in this facility present challenges and time and effort to properly screen and determine appropriateness for care level.

- The MN Administrative Rule 9050 waiting list and admissions procedure is complex and needs updating. MDVA is currently working on a proposed rule changes to help improve efficiency and understanding of the waiting list and admissions process.

## Current and Historical Bed Capacity

The MN Veterans Homes have a long history of serving and meeting the operational goals of maintaining census occupancy based on licensed beds and capacity. The COVID-19 pandemic significantly impacted census and occupancy goals resulting in a decline for several years. In our most recent year, all homes have had steady and sustained growth resulting in an overall occupancy of 82%. MDVA Commissioner has set a FY26 goal that legacy homes maintain a census over 90% occupancy and new homes reach or exceed a census over 70% occupancy. At the time of this report, we have exceeded or are on track to reach this goal.

In the below data you can note the following key updates:

- The agency has a total of 896 beds currently available to MN Veterans Homes in all Veterans Homes. The Federal VA allows the state to have 1058 total Veterans Homes Beds.
- In 2023 -2024 – several homes adjusted their total census capacity due to factors described above.
- The new homes census growth has been steady but not at the pace desired by the organization. Continued efforts and resources are in place to meet the goal.
- Our largest Veterans Home – Minneapolis – continues to achieve near 100% occupancy and reduced concerns with staffing. A huge accomplishment and anticipated to be sustained in the near future.

FACILITY		AVERAGE ANNUAL OCCUPANCY/CENSUS CAPACITY								CURRENT OCCUPANCY %
		2018	2019	2020	2021	2022	2023	2024	2025	
HASTINGS - DOMICILIARY	AVERAGE ANNUAL OCCUPANCY	130	121	123	117	112	110	112	112	79%
	CENSUS CAPACITY	200	200	200	200	145	145	145	145	
FERGUS FALLS	AVERAGE ANNUAL OCCUPANCY	103	103	94	91	84	82	76	77	91%
	CENSUS CAPACITY	106	106	106	106	106	106	106	85	
LIVERNE	AVERAGE ANNUAL OCCUPANCY	79	81	74	69	60	62	58	62	94%
	CENSUS CAPACITY	85	85	85	85	85	85	64	64	
MINNEAPOLIS - SKILLED	AVERAGE ANNUAL OCCUPANCY	281	290	273	270	259	250	279	295	99%
	CENSUS CAPACITY	300	300	300	300	300	300	300	300	
MINNEAPOLIS - DOMICILIARY	AVERAGE ANNUAL OCCUPANCY	33	40	37	36	38	40	40	43	91%
	CENSUS CAPACITY	50	50	50	50	50	50	50	50	
SILVER BAY	AVERAGE ANNUAL OCCUPANCY	78	78	75	59	51	54	52	48	97%
	CENSUS CAPACITY	83	83	83	83	83	83	54	54	
BEMIDJI	AVERAGE ANNUAL OCCUPANCY	0	0	0	0	0	0	20	32	49%
	CENSUS CAPACITY	0	0	0	0	0	0	72	72	
PRESTON	AVERAGE ANNUAL OCCUPANCY	0	0	0	0	0	0	20	26	50%
	CENSUS CAPACITY	0	0	0	0	0	0	54	54	
MONTEVIDEO	AVERAGE ANNUAL OCCUPANCY	0	0	0	0	0	0	22	41	61%
	CENSUS CAPACITY	0	0	0	0	0	0	72	72	

The senior healthcare industry has faced unprecedented changes in access to care and occupancy rates due to various challenges affecting operations. Per the MN Department of Health, since Jan. 1, 2024, four skilled nursing facilities in MN have closed and additionally 64 nursing home beds have been decertified or delicensed

([Nursing Facility Closures 2024 tcm1053-663818.pdf](#)). Most of these impacts are felt in greater MN, and workforce shortage continues to be the driving factor. In addition, national industry leaders report more than 774 nursing homes have closed and over 60,000 beds between 2020-2024 ([Report: Access to Nursing Home Care is Worsening](#)). One can predict that ongoing challenges will continue to face senior healthcare as we reach the peak of older adults seeking services, the workforce exiting the industry, and other socioeconomic challenges facing long-term care and rural communities.

## Waiting List

MN Veterans Homes have a strong and healthy waiting list, and this is projected to be the case over the next decade as we continue to prepare and serve aging Veterans. The following represents our recent data regarding waiting list and represents individuals seeking services in our homes. The estimated length of time is an estimate and there are many factors that may speed up or slowdown that process. It is important to consider a comprehensive review when determining number on waiting list and estimated length of time for admission. In addition, waiting lists for long-term care beds are not abnormal in senior healthcare – as beds and resources change and we are currently feeling our peak of individuals desiring to be served.

FACILITY	ACTIVE WAITING LIST (1.2.26)		ESTIMATED LENGTH OF TIME
	Veteran	Non-Veteran	Veteran
HASTINGS - DOMICILIARY	3	6	Immediate
FERGUS FALLS	72	120	6-9 months
LUVERNE	56	46	9-12 months
MINNEAPOLIS - SKILLED	584	156	15-18 months
MINNEAPOLIS - DOMICILIARY	1	0	Immediate
SILVER BAY	154	30	8-12 months
BEMIDJI	260	53	15-18 months
PRESTON	198	31	15-18 months
MONTEVIDEO	138	48	12 months
<b>TOTAL</b>	1466	490	

## MN Veterans Home Operations Analysis

### Staffing Data Explanation

CMS provides an objective measure of several key factors when reporting and evaluating on the care provided at a CMS-certified nursing facility. From among the key factors of measurement, CMS has long identified staffing as a strong indicator in evaluating nursing home performance and has focused additional time and effort into reporting measures – specifically turnover data – which is available to the public. Four of the current legacy MN Veterans Homes are certified by CMS and required to report quarterly its staffing data. The Domiciliary program is not CMS certified, nor eligible to be, so they are exempt from reporting data. The new MN Veterans Homes are in the process of obtaining CMS certification and then will be required to report their data as well.

Under CMS Federal Guideline 483.35, the intent is to ensure that there are sufficient, qualified nursing staff available always to provide nursing and related services to meet the residents' needs safely and in a manner that promotes each resident's rights, as well as their physical, mental, and psychosocial well-being.

## Current MN Veterans Home Staffing Data

Currently all four skilled legacy homes are CMS certified, and data is pulled from various submissions and generated into public data and star rating information published to the Nursing Home Care Compare webpage ([Find Healthcare Providers: Compare Care Near You | Medicare](#)). Once our new MN Veterans Homes become CMS certified – anticipated in late 2026 – they too will report their data into the system for objective evaluation and comparison. The operational plan for those new MN Veterans Homes included staffing models that exist in our current state Veterans Homes. In addition, the agency has put in place a corporate staffing data analysis and oversight process to include onsite visits and review by subject matter experts regarding our overall workforce resource management.

Staffing data is analyzed and reviewed in staffing hours per resident per day or hours of labor per patient per day – not traditionally in staffing ratios. Staffing ratios can certainly be a means of demonstrating information that is understandable and relatable to the family and stakeholder experience, however, that metric does not account for resident acuity, care needs, and other operational factors that might present challenges or opportunities in a healthcare operation. The MN Veterans Homes review staffing data routinely to ensure that alignment is in place with regulatory requirements, best practice standards for care, the unique needs of our resident population and the feedback and engagement of our staff. The MN Veterans Homes are unique in its staffing approach, compared to the community, due to several factors. Our goals are to ensure staff are working up to the licensure/certification that they have, we meet the collective bargaining agreement requirements that are in place, and that we continue to demonstrate best practice and industry-leading standards in the clinical care delivery to our Veterans and residents. The following CMS metrics provides us some baseline information on how we compare to other CMS certified facilities throughout the country – but it is one metric for review in a comprehensive assessment.

The following is currently reported on the CMS Nursing Home Care Compare webpage ([Find Healthcare Providers: Compare Care Near You | Medicare](#)) tool for the MN Veterans Homes:

	MN Average	National Average	Silver Bay	Luverne	Minneapolis	Fergus Falls
<b>Total Licensed Nurse Staff Hours per Resident per Day</b>	4 Hours and 15 minutes	3 Hours and 54 minutes	5 Hours and 14 Minutes	5 Hours and 6 Minutes	6 Hours and 15 Minutes	5 Hours and 9 Minutes
<b>CNA (HST) Hours per Resident per Day</b>	2 Hours and 34 Minutes	2 Hours and 21 Minutes	2 Hours and 53 Minutes	2 Hours and 57 Minutes	3 Hours and 59 Minutes	2 Hours and 43 Minutes
<b>RN Hours per Resident per Day</b>	1 Hour and 3 Minutes	41 Minutes	1 Hour and 47 Minutes	1 Hour and 36 Minutes	1 Hour and 26 Minutes	1 Hour and 53 Minutes
<b>Nursing Staff Turnover %</b>	42.30%	46.40%	35.30%	20.90%	16.60%	N/A
<i>*CMS Care Compare Public Data (January 2026)</i>						

### Silver Bay:

- Currently an overall rating of 5/5 star rating.
- US News and World Report – ranked as one of the best nursing homes in the country for various quality and staffing metrics - 2025

- Staffing is 5/5-star rating.

### **Luverne:**

- Currently an overall rating of 5/5 star rating.
- US News and World Report – ranked as one of the best nursing homes in the country for various quality and staffing metrics – 2024 and 2025.
- Staffing is 5/5-star rating.

### **Minneapolis:**

- Currently overall rating of 3/5 stars –
  - Poor MDH/CMS survey performance in 2025 which has been corrected.
  - Anticipated recovery to occur in this next year with increase in star rating as good performance continues.
- US News and World Report – ranked as one of the best nursing homes in the country for various quality and staffing metrics – 2024 and 2025
- Staffing is 5/5-star rating

### **Fergus Falls:**

- Currently an overall rating of 5/5 star rating.
- US News and World Report – ranked as one of the best nursing homes in the country for various quality and staffing metrics – 2024 and 2025.
- Staffing is 4/5-star rating due to a sustained payroll audit by CMS in 2025 resulting in staff turnover data to be unavailable.

### **New MN Veterans Homes:**

The New MN Veterans Homes are staffed in a similar way as our legacy homes; however, their data is not reported into CMS at this time while they are pending certification. In 2025, the agency put in place a full staffing analysis team to review hours of labor per patient day and staff turnover. It should be noted that as all homes are increasing census, their efficiency in operations is not yet gained.

### **Domiciliary Program:**

The staffing model in the Domiciliary program is much different due to the MDH license and federal VA certification, that residents are expected to be independent with activities of daily living. However, because we are treating Veterans with complex mental health and chemical dependency concerns, we have agreed to provide a higher level of direct care staffing to ensure needs are met in a comprehensive way. The nursing hours/ratios are reported below. However, they are also complimented by various psychosocial positions such as social worker, mental health therapists, chemical dependency counselor and independent living skills worker to add to the care team.



Our traditional nursing department staffing plan is the following direct care RN's per shift, in addition to four RN Care Coordinators with specialty focus (i.e., infection prevention, education, wound care and data analytics/informatics). This does not include supervisory nursing leadership that support the resident's placement and unique needs.

	Weekend	Day	Evening	Night
Hastings DOMS	3-3-2 (for 120)	7 nurses	3 nurses	2 nurses
Minneapolis DOMS	2-2-2 (with HST for 45)	2	2	2

A comprehensive Domiciliary Program Quality of Care workgroup was assembled, reviewed and provided recommendations for operations in Fall 2023. This final report can be found following this path - [Domiciliary Working Group / Minnesota Department of Veteran Affairs - State of Minnesota](#). Recommendations from that workgroup are currently in progress or have been implemented.

### Quality Measurement and State/Federal Survey Performance:

In addition to staffing, the MN Department of Veterans Affairs also measures quality care of services by tracking survey performance and quality metrics by our state and federal regulators.

CMS quality care and services is reviewed based on quality indicators that come from the resident information submitted to the state and the federal government in the Minimum Data Set (MDS), which is the resident acuity assessment used in the skilled nursing environment. We monitor the long term stay metrics as a part of our clinical tracking and management. CMS produces a Certification and Survey Provider Enhanced Report (CASPER) that provides detailed information regarding the number of residents at risk in various clinical capacities and the clinical interventions for those concerns. For example, it will evaluate the submission of all clinical data to CMS in the areas of falls, skin, behaviors and weight loss, and objectively compare the number of residents at risk and the response to an issue with other homes that are also CMS certified. The agency has two executive nurse leaders who monitor the VA Analytics and CASPER report closely and work with the homes to develop performance improvement projects to address opportunities for improvement. The agency has an internal goal to be a 3 star or above in Quality Indicators by CMS.

The current state average for **MDH/CMS survey deficiencies is 8.1 while the national average is 9.7**. Regulatory oversight of senior skilled nursing facilities means the industry must meet increasingly complex state and federal regulations. These changes have substantially increased the documentation and education requirements for staff in a skilled nursing facility and increased the overall compliance requirements for this federal program. Despite that increase in regulatory oversight, all MN Veterans Homes perform well in the MDH/CMS annual survey and are below the state and national average for number of deficiencies. The agency has a goal to be a 3 star or above in Survey Performance by CMS.

MN Veterans Homes also receive a full annual survey each year based on our regulatory requirements with the federal VA Health Care System. This is unique as other community nursing facilities do not have this additional survey. Just as we do with our MDH/CMS annual surveys, we continue to perform well in our federal VA surveys.

The following represents the quality-of-care measurement and health inspection information for 2025 from CMS Care Compare:

FACILITY	Quality Star Rating	Health Inspection			
		Star Rating	#MDH/CMS Health Citations (Annual Survey)	#Complaint Citations (3-year lookback)	#VA Health Citations (Annual survey)
HASTINGS - DOMICILIARY	n/a	n/a	0	0	0
FERGUS FALLS	2 Stars	5 Stars	2	2	3
LUVERNE	2 Stars	4 Stars	1	1	1
MINNEAPOLIS - SKILLED	4 Stars	2 Stars	10	5	5
MINNEAPOLIS - DOMICILIARY	N/A	N/A	0	0	0
SILVER BAY	5 Stars	4 Stars	1	2	2
BEMIDJI	N/A	N/A	0	0	5
PRESTON	N/A	N/A	2	0	6
MONTEVIDEO	N/A	N/A	5	0	2
State Citation Average			8.1		
National Citation Average			9.7		

### Family and Resident Satisfaction Surveys:

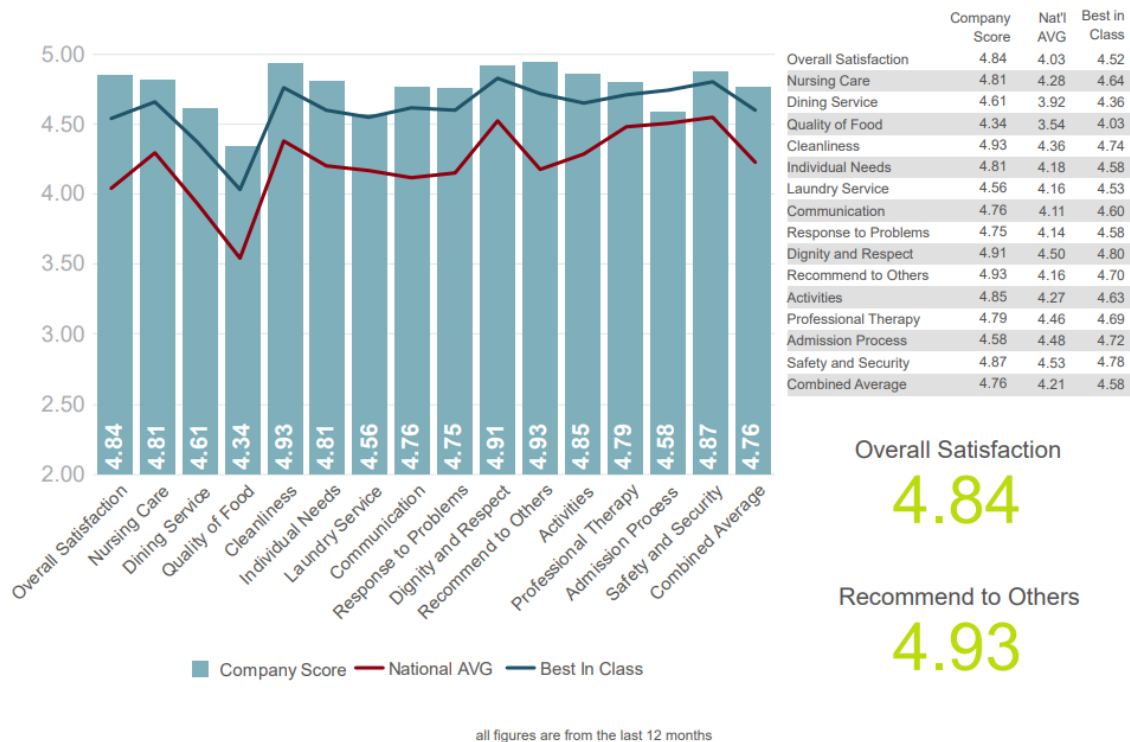
The MN Veterans Homes use a third-party contract with Activated Insights (previously known as Pinnacle) to complete monthly resident and family satisfaction surveys. In the latest comprehensive report for all the skilled homes from December 2025, the Homes achieved a “Best in Class” status for a 12-month average.

This classification is above the national averages and is at the top 10% level. The follow graphic represents the overall customer satisfaction among all MN Veterans Homes and the current rating per category, compared to others in the industry for December 2025.



CUSTOMER SATISFACTION  
CORPORATE AVERAGE

Minnesota Veterans Homes  
December 2025



Total Respondents: December: 51 Last 3 Months: 175 last 12 months: 594

Overall Satisfaction

4.84

Recommend to Others

4.93

## Recruitment and Retention Strategy

Staffing is and will always be a primary focus of the MN Veterans Homes. Our employees are our greatest asset in the delivery of high-quality healthcare to our residents and Veterans. Ensuring that we remain industry leading is a critical area of our strategic plan. As noted above, the COVID-19 pandemic has significantly impacted our staffing situation, and those hardships have been experienced by all in various healthcare settings throughout the country, and specifically senior healthcare settings locally. Senior advocacy partners such as LeadingAge report annually the declining number of direct healthcare workers throughout the state of MN and the priority focus on the industry to ensure that there are competent and caring staff to care for our seniors into the future. MDVA has developed a comprehensive agency and healthcare division Recruitment and Retention strategy, which is in alignment with the Governor's initiatives.



The above effort is led by an agency workgroup, using available data to ensure goals are properly set and met. Currently the team is focused on addressing the State of MN Employee Engagement survey tool, which was completed in February 2025 and highlights several key areas of strength and opportunity. With employee engagement and retention measures as a key focus for this work group and the agency, the goals are that we improve overall retention. Some accomplishments in this past year include:

- Implementation of a staffing analysis corporate team with site visits completed in three out of the eight MN Veterans Homes and others scheduled to be completed in 2026.
- Implementation of an employee engagement survey tool through Qualtrics.
- Recruitment and retention strategy that includes the development of Brand Ambassadors and expanded footprint in social media marketing.
- Communication strategy to reach all staff to include the implementation of digital display boards for key messaging and announcements in all business locations.
- Quarterly review of turnover data by location by job class to determine areas of focus and create action items to address the most challenging areas.
- A workgroup that is exploring how to assist employees with their professional development goals.

In 2025, our vacancy data represents the following in each of our homes:

	<b>FTE Vacancies 2024</b>	<b>FTE Vacancies 2026</b>
<b>Minneapolis</b>	105.72	35.1
<b>Silver Bay</b>	20.4	6.5
<b>Luverne</b>	9.1	12.1
<b>Fergus Falls</b>	20.6	5.6
<b>Domiciliary Program</b>	0	3.2
<b>Preston</b>	8.7	15.7*
<b>Montevideo</b>	4.6	18.6*

<b>Bemidji</b>	13.05	18.2*
<b>Total Vacancies</b>	<b>182.17</b>	<b>117.61</b>

*\*New homes FTE vacancies need to consider the phased hiring approach as households in the new facilities are opened. In 2024 – the number of FTE vacancies represented the number of staff remaining to open the facility. In 2026 – the number of FTE vacancies represents the number of staff remaining to be at above 70% occupancy.*

Highlights of the current vacancies:

- **117.61 FTE** Vacancies represents 8% of total FTE positions in MN Veterans Homes (**Total FTE: 1397.37**)
- **91.81 FTE** – Direct Care/Nursing Department Roles Open = 78% of total vacancies within the MN Veterans Homes

Highlights of our accomplishments in this past year to address recruitment and retention include the following:

- The agency attended 78 recruitment events in calendar year 2025 in various locations throughout the state, all with varying focus.
- The agency expanded its presence in virtual social media platforms establishing a strong engagement with those passive job seekers and partnering with communications to further develop our brand ambassador approach.
- Education and training remain a priority focus for the agency, to ensure that opportunities for advancement are offered and available to employees and a focus on competency building within clinical and leadership skills remains a priority for the organization.

## Conclusion and Summary

The MN Veterans Homes continue to achieve great success in quality and resident and family satisfaction, while also recovering from the challenging consequences of the COVID-19 pandemic. The long-term care industry faces a significant challenge with staffing post-pandemic as the industry lost many workers during the pandemic to other non-healthcare industries. With the implementation of various strategic plans and actions, the homes look forward to improved, more efficient operations in all MN Veterans Homes. Due to emergent situations that continue to challenge the long-term care industry and MDVA healthcare, it is critical that the agency maintain a reserve balance to meet the regulatory and stakeholder expectations of service delivery.