



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

March 3, 2026

Licensee

Homewatch Caregivers of Edina & The West Metro
7242 Metro Boulevard Suite 500
Edina, MN 55439

RE: Project Number(s) SL28357009

Dear Licensee:

The Minnesota Department of Health (MDH) completed a on February 12, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the , MDH noted no violations of the laws pursuant to Minnesota Statutes, Chapter 144A and/or Minn. Stat. § 626.5572 and/or Minn. Stat. Chapter 260E.

The enclosed State Form documents no violations. MDH documents the state correction orders using federal software. Please disregard the heading of the fourth column that states, "Provider's Plan of Correction." A plan of correction is not required.

Performance Incentive. In accordance with Minn. Stat. § 144A.474, subd. 10. Performance incentive. A licensee is eligible for a performance incentive when there are no violations identified in a core or full survey. The performance incentive is a ten percent discount on your next home care renewal license fee. Based on the results of your survey, you are eligible for this discount. Please contact the home care inbox (health.homecare@state.mn.us) to inquire about the incentive prior to submitting your next renewal.

Health Regulation Division (HRD) Licensing will contact you with additional information regarding the Performance Incentive. Please contact health.homecare@state.mn.us if you do not receive notice from HRD Licensing prior to your next Renewal Notice; you currently have a pending renewal application; or have questions about the process.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: <https://forms.office.com/g/Bm5uQEPhVa>. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

Homewatch Caregivers of Edina & The West Metro

March 3, 2026

Page 2

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Winters". The signature is fluid and cursive, with a large initial "A" and a long horizontal stroke at the end.

Annette Winters

Health Facility Evaluator, Supervisor

State Evaluation Team

Email: annette.m.winters@state.mn.us

Telephone: 651-201-4204 Fax: 1-866-890-9290

KKM