

Business Name: BeeHive Homes of Andrews

Address: 2512 NW Mustang Dr, Andrews, TX 79714

Phone: (432) 217-0123

BeeHive Homes of Andrews

Beehive Homes of Andrews assisted living care is ideal for those who value their independence but require help with some of the activities of daily living. Residents enjoy 24-hour support, private bedrooms with baths, medication monitoring, home-cooked meals, housekeeping and laundry services, social activities and outings, and daily physical and mental exercise opportunities. Beehive Homes memory care services accommodates the growing number of seniors affected by memory loss and dementia. Beehive Homes offers respite (short-term) care for your loved one should the need arise. Whether help is needed after a surgery or illness, for vacation coverage, or just a break from the routine, respite care provides you peace of mind for any length of stay.

[View on Google Maps](#)

2512 NW Mustang Dr, Andrews, TX 79714

Business Hours

- Monday thru Sunday: 9:00am to 5:00pm

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Choosing an assisted living neighborhood is among those decisions that is both useful and deeply emotional. You are weighing security, medical needs, and cash, however also self-respect, identity, and the texture of everyday life. Families frequently tell me they want they had a clearer roadmap before they began exploring locations and checking out shiny brochures.

What follows is a structured, real-world list constructed from years of operating in senior care, listening to households, and seeing what really matters when somebody moves in. Use it as a guide, not a rigid rulebook. Everyone and every household has its own non-negotiables.

A quick 5-step list at a glance

Use this as your high-level roadmap. The rest of the article dives deep into each step.

1. Clarify needs, preferences, and timing
2. Understand budget, benefits, and monetary restrictions
3. Build a short, practical list of assisted living options
4. Visit, observe, and compare care quality and every day life
5. Review contracts, prepare the shift, and reassess after move-in

Most households return and forth in between these actions rather than following them in an ideal straight line. That is normal. The point is to keep your choice anchored in a structured process instead of whatever facility

returns your call first or has the shiniest lobby.

Step 1: Clarify needs, preferences, and timing

If you avoid this step, whatever else gets harder. You will hear sales language from assisted living communities that may or might not match what your parent or loved one actually needs.

Start with function and safety, not age. Two 82-year-olds can have totally various assistance requirements. One might still drive, cook, and handle medications, while the other battles with dressing, keeping in mind dosages, and falls.

A useful method to think about this is to look at:

- Activities of everyday living (ADLs): bathing, dressing, toileting, transferring, eating, and continence
- Instrumental activities of daily living (IADLs): cooking, shopping, managing financial resources, transport, household chores, managing medications

Even if you never ever utilize these terms with a center, having your own rough sense of whether your parent needs light, moderate, or heavy assistance with ADLs and IADLs will permit you to ask sharper questions.

It frequently assists to have an unbiased assessment. This can originate from:

A primary care doctor or geriatrician who knows their medical history.

A healthcare facility discharge planner, if you are transitioning after a hospitalization. A care supervisor or social worker who concentrates on senior care or elderly care.

If your loved one has memory loss, ask directly about cognitive concerns. Early dementia can show up as confusion about time, trouble managing money, or duplicated medication errors. Not all assisted living facilities are set up for considerable memory problems. Some use dedicated memory care units, with locked but home-like settings and staff trained specifically in dementia.

Alongside practical requirements, document choices. These matter for lifestyle:

Location: close to household, familiar neighborhood, near a particular hospital.

Size: smaller, home-like structures vs big schools with more amenities. Culture: quiet and low-key vs active and social. Spiritual or cultural alignment. Animals, outside area, personal privacy, going to hours.

Finally, be honest about timing. Are you preparing ahead, or are you reacting to a crisis such as a fall or caretaker burnout at home? If it is urgent, you might require respite care initially, then shift to irreversible assisted living when everyone can breathe and plan.

Step 2: Understand spending plan, advantages, and monetary constraints

Money shapes the sensible menu of options. Households often ignore overall expenses, then feel blindsided later.

Assisted living is normally personal pay. Medicare generally does not cover space and board in assisted living facilities, though it may cover certain medical services provided there. Medicaid coverage varies by state and often has waitlists, eligibility requirements, and limited getting involved facilities.

Start by clarifying:

What earnings and possessions are readily available monthly and over the next 3 to 5 years.

Whether there is a long-term care insurance coverage, and what it really covers. Eligibility for veterans' benefits, such as Aid and Attendance, which can offset some assisted living costs. Whether selling a home is on the table, and if so, on what timeline.

Facilities frequently price quote a base rate and after that add tiered care costs. For example, the base might include rent, utilities, fundamental house cleaning, and some meals. Additional costs may apply for medication management, incontinence care, extra escorts, or boosted monitoring in the evening. 2 homeowners in the very same building can pay really various regular monthly amounts.

Ask yourself what trade-offs you want to make. A center that appears pricey initially look may supply greater staff ratios, much better nursing oversight, or a more powerful track record handling complex conditions. A more affordable choice that relies greatly on outdoors home-health agencies for even fundamental care can become more expensive and fragmented over time.

It is an error to focus only on the first year. If your loved one has a progressive illness such as Parkinson's or dementia, care needs will rise. You desire a senior care setting that can adjust without requiring yet another disruptive relocation in a year or two.



Step 3: Develop a brief, sensible list of assisted living options

Once you understand requirements and budget, resist the desire to tour every assisted living facility within 50 miles. You will burn out, and details will blur.

Start with three or 4 prospects that:

Fit within a practical price variety, even after adding most likely care fees.

Offer the level of care your loved one needs now, and potentially soon. Remain in areas that work for the family members most associated with care.

Information sources include online directory sites, state regulatory websites, regional senior centers, physicians, and word of mouth. Beware with online evaluations. Complaints can reflect one unhappy household out of numerous homeowners, or they may reveal patterns such as chronic understaffing or bad food quality.

A practical filter is to take a look at whether a center is accredited for assisted living only, or if it likewise offers memory care or skilled nursing on the same campus. Continuing care neighborhoods can ease shifts as needs

alter, however they can likewise have higher entrance charges and more intricate contracts.

Call each center and pay attention not just to the material, however to the tone and responsiveness. How quickly do they return calls? Does the person on the phone listen, or simply recite a script about amenities? The method a community handles you as a prospective resident frequently mirrors how they deal with families once somebody has actually moved in.

Ask for standard facts before scheduling a tour:

Current base rates and common overall month-to-month range for citizens with comparable needs.

Whether they accept respite care stays, and on what terms. Staffing patterns, specifically the presence and hours of certified nurses on site. Any recent ownership or management changes.

If a facility refuses to offer even broad prices ranges before you visit, acknowledge that as an information point. Openness at this phase saves everyone time.

Step 4: Visit, observe, and compare everyday life

Tours are often thoroughly choreographed. The technique is to look past the staged exercise class and fresh flowers.

Plan a minimum of one calm visit for each prospect. If possible, address different times of day: a weekday morning and a weekend afternoon reveal different truths. Ask if your loved one can sign up with for a meal or an activity, so you can see how they respond.

Here is where you change from reading marketing products to utilizing your own senses.

First, discover how you feel when you stroll in. Is the environment warm and lived-in, or cold and hotel-like? Do staff welcome residents by name? Are locals being in hallways looking disengaged, or exist pockets of activity at different practical levels?

Second, see personnel habits. Do caregivers seem hurried and stressed, or calm and attentive? Personnel turnover is a crucial sign. Every structure has some churn, but constant modification can be a warning. Ask directly for how long common caretakers and nurses stay.

Third, take note of health and security:

Cleanliness of common areas and bathrooms.

Smells that might suggest poor incontinence management. Lighting, flooring, and hand rails that affect fall risk. How staff assist residents with walkers or wheelchairs.

Fourth, look at how medications are handled. Medication management is among the most crucial services in assisted living, and mistakes can have severe repercussions. You want clear systems: locked medication rooms or carts, recorded administration, and visible oversight by nursing staff.

Finally, assess meals and social life. Food in elderly care is more than nutrition; it is comfort and regimen. Attempt a meal if possible. Ask whether they can accommodate special diet plans, such as low sodium or diabetic. Observe whether personnel actually help citizens who require cueing or physical help to eat, rather than leaving trays and walking away.

Many families find it helpful to bring a short list of questions. Keep it practical and avoid being swayed just by features that sound good but may never be used.

Here is one focused list of questions to direct your tour conversations:

1. What is the staff-to-resident ratio on days, nights, and overnight, and how is it adjusted when needs increase?
2. How are care strategies established, who participates, and how often are they updated?
3. How do you manage falls, abrupt disease, and changes in condition, consisting of when to call 911 or a relative?
4. Can you explain a normal day here for somebody with my loved one's abilities and interests?
5. How do you interact with families about issues, events, or gradual decline?

Write answers down. After a few visits, every building's sales pitch starts to sound similar. Your notes help you compare realities, not marketing language.

Step 5: Evaluate care quality, staffing, and medical support

The expression "assisted living" covers a large range of designs. Some neighborhoods are heavily hospitality-focused, with gorgeous decoration but minimal scientific depth. Others have strong nursing leadership but less frills. You want the ideal mix for your situation.

Care quality depends upon staffing patterns, training, supervision, and relationships with external providers.

Ask about:

Who is actually delivering day-to-day care. Many hands-on tasks are done by caretakers or licensed nursing assistants, not nurses or doctors.

Whether there is a nurse in the building 24/7, only throughout company hours, or on call after hours. How frequently medical companies, such as checking out doctors or nurse practitioners, begun site. What happens when a resident's requirements escalate beyond the original care plan.

If your loved one has complex conditions, such as heart failure, COPD, insulin-dependent diabetes, or advanced dementia, you will want a neighborhood with more powerful clinical abilities. This might impact expense, however it lowers regular hospital trips and unplanned moves.

Medication management systems differ widely. Some facilities charge per medication pass, others bundle it. For individuals on several medications, clarify who reconciles new prescriptions after hospitalizations, how they prevent duplication, and how they keep track of for side effects.

Respite care can be a helpful tool during this stage. A short, time-limited assisted living stay lets you check how a neighborhood manages medications, behaviors, and day-to-day routines without committing to a long-term contract. I have seen families find during a two-week respite stay that an allegedly small dementia problem actually requires a memory care environment. That discovery, while hard, prevented a bad long-term placement.



Finally, inquire about end-of-life assistance. Even if it feels early, comprehending whether a center partners well with hospice, and what homeowners can remain in location for, tells you something about their approach of care. A senior care company who talks easily and concretely about later phases is generally more knowledgeable and realistic.

Step 6: Read the agreement like a skeptic

Once you have a front-runner, resist the urge to hurry through the documents. The assisted living agreement is where expectations, rights, and responsibilities live. Issues usually occur not from bad individuals, however from misconceptions buried in fine print.

Block out peaceful time to check out:

How the base cost is defined, and exactly what services it includes.

How care levels or point systems work. There is typically a schedule that appoints points for each type of help, then translates points into a care tier and fee. Policies on rate boosts, both yearly and due to increased care needs. What triggers discharge or transfer to another level of care.

Pay unique attention to the sections on:

Refunds or credits if your loved one vacates or passes away partway through a month.

Resident rights, consisting of grievance procedures and how concerns can be escalated. Obligation for personal possessions and damage.

It is frequently worth having another trusted person checked out the contract too. If something is uncertain, request for a plain-language description and get it in composing, even in the form of an email.

Also clarify the role of outside services. Lots of locals get physical treatment, occupational treatment, or nursing through home-health agencies while residing in assisted living. Who arranges those services? Where will they occur? How do they interact with the facility about precautions and follow-up?



If your loved one is moving in from home, ask about how they deal with the very first one month. Some communities have informal "trial" periods or extra check-ins as the resident changes. Others anticipate households to provide more presence at first, particularly if there is anxiety or confusion.

Step 7: Strategy the move and the very first few weeks

The shift itself can make or break the experience. You are not simply altering an address; you are re-building day-to-day life.

Involve your loved one as much as they can handle. Even someone with moderate cognitive problems may be able to choose preferred chairs, images, or bedding to bring. Familiar products decrease the shock of a new environment. Attempt to keep cherished possessions, such as a comfortable recliner chair or quilt, even if they are not stylish.

Coordinate with the center about:

Furniture measurements and what they offer vs what you ought to bring.

Move-in scheduling to avoid excessively hurried or late-day arrivals, which can be difficult for somebody with dementia. Medication handoff, including having enough doses on hand and upgraded prescriptions.

For the first few weeks, expect feelings. Residents might reveal regret, anger, or unhappiness. Caregivers in the house may feel guilt or relief, in some cases both at the same time. I have seen households translate a rough very first week as an indication the placement was an error, when in truth it was a regular adjustment.

Stay visible, however likewise give staff room to construct their own relationship. Daily visits in the start can comfort your loved one, but attempt not to intervene in every small request. Rather, use that preliminary period to observe patterns: Is your parent dressed, groomed, and engaged? Do personnel appear to know their regimens and quirks?

If your loved one came from home with an extremely stretched household caretaker, consider using respite care language even for a longer stay. Framing the move as "attempting this out" can decrease the psychological weight, even if you expect it to be permanent.

Step 8: Screen, review, and advocate

Choosing a center is not a one-time choice. It is a continuous relationship. The best outcomes take place when families stay involved, considerate, and properly assertive.

Keep an eye on:

Changes in appearance, weight, mood, or mobility.

Patterns of falls, infections, or hospitalizations. How quickly and plainly the center interacts when something happens.

Most assisted living communities have routine care conferences. Attend them if you can. Use those meetings to upgrade the group on what you are seeing and what matters to your loved one. For instance, if your [BeeHive Homes Of Andrews elderly care](#) mother is more likely to shower in the evenings because she constantly did so, share that. Small information can make care more successful.

When issues occur, begin with the person closest to the problem, such as the nurse or care manager, and escalate stepwise if required. Facilities normally respond much better to particular, accurate concerns than to broad accusations. "I have actually found 3 unopened medication packages in her room in the last month" is more actionable than "you never handle her medications right."

Sometimes, after all efforts, you may recognize the fit is wrong. Perhaps your loved one needs a devoted memory care system, or a various culture, or a place more detailed to another member of the family. Moving again is tough, but remaining in a setting that can not fulfill progressing needs can be harder. Use what you have learned from the very first experience to make a more targeted option the 2nd time.

Balancing security, autonomy, and quality of life

The heart of assisted living is a delicate balance. You are trying to provide sufficient support to be safe, without stripping away self-reliance and meaning. Excessive supervision can feel infantilizing; insufficient can be dangerous.

In practice, the best centers treat homeowners as partners rather than problems to manage. They respect long-standing routines, even when those practices are bothersome. They understand that quality senior care is not practically avoiding falls or handling high blood pressure, however also about laughter at lunch, a familiar hymn in the background, or a staff member who remembers exactly how somebody takes their coffee.

As you move through this checklist, give equal weight to your head and your gut. Numbers and agreements matter. So does the subtle feeling you get when you see staff joking gently with a resident or taking an extra moment to sit at eye level. Assisted living and elderly care have to do with relationships at their core. If the relationships look and feel right, and the concrete details line up with requirements and budget plan, you are most likely very near to the right place.

BeeHive Homes of Andrews provides assisted living care

BeeHive Homes of Andrews provides memory care services

BeeHive Homes of Andrews provides respite care services

BeeHive Homes of Andrews supports assistance with bathing and grooming

BeeHive Homes of Andrews offers private bedrooms with private bathrooms

BeeHive Homes of Andrews provides medication monitoring and documentation

BeeHive Homes of Andrews serves dietitian-approved meals

BeeHive Homes of Andrews provides housekeeping services

BeeHive Homes of Andrews provides laundry services

BeeHive Homes of Andrews offers community dining and social engagement activities

BeeHive Homes of Andrews features life enrichment activities

BeeHive Homes of Andrews supports personal care assistance during meals and daily routines

BeeHive Homes of Andrews promotes frequent physical and mental exercise opportunities

BeeHive Homes of Andrews provides a home-like residential environment

BeeHive Homes of Andrews creates customized care plans as residents' needs change

BeeHive Homes of Andrews assesses individual resident care needs

BeeHive Homes of Andrews accepts private pay and long-term care insurance

BeeHive Homes of Andrews assists qualified veterans with Aid and Attendance benefits

BeeHive Homes of Andrews encourages meaningful resident-to-staff relationships

BeeHive Homes of Andrews delivers compassionate, attentive senior care focused on dignity and comfort

BeeHive Homes of Andrews has a phone number of (432) 217-0123

BeeHive Homes of Andrews has an address of 2512 NW Mustang Dr, Andrews, TX 79714

BeeHive Homes of Andrews has a website <https://beehivehomes.com/locations/andrews/>

BeeHive Homes of Andrews has Google Maps listing <https://maps.app.goo.gl/VnRdErfKxDRfnU8f8>

BeeHive Homes of Andrews has Facebook page <https://www.facebook.com/BeeHiveHomesofAndrews>

BeeHive Homes of Andrews has an YouTube page <https://www.youtube.com/@WelcomeHomeBeeHiveHomes>

BeeHive Homes of Andrews won Top Assisted Living Homes 2025

BeeHive Homes of Andrews earned Best Customer Service Award 2024

BeeHive Homes of Andrews placed 1st for Senior Living Communities 2025

People Also Ask about BeeHive Homes of Andrews

What is BeeHive Homes of Andrews Living monthly room rate?

The rate depends on the level of care that is needed. We do an initial evaluation for each potential resident to determine the level of care needed. The monthly rate is based on this evaluation. There are no hidden costs or fees

Can residents stay in BeeHive Homes until the end of their life?

Usually yes. There are exceptions, such as when there are safety issues with the resident, or they need 24 hour skilled nursing services

Do we have a nurse on staff?

No, but each BeeHive Home has a consulting Nurse available 24 – 7. if nursing services are needed, a doctor can order home health to come into the home

What are BeeHive Homes' visiting hours?

Visiting hours are adjusted to accommodate the families and the resident's needs... just not too early or too late

Do we have couple's rooms available?

Yes, each home has rooms designed to accommodate couples. Please ask about the availability of these rooms

Where is BeeHive Homes of Andrews located?

BeeHive Homes of Andrews is conveniently located at 2512 NW Mustang Dr, Andrews, TX 79714. You can easily find directions on [Google Maps](#) or call at [\(432\) 217-0123](#) Monday through Sunday 9:00am to 5:00pm

How can I contact BeeHive Homes of Andrews?

You can contact BeeHive Homes of Andrews by phone at: [\(432\) 217-0123](#), visit their website at <https://beehivehomes.com/locations/andrews/>, or connect on social media via [Facebook](#) or [YouTube](#)

You might take a short drive to the [Legacy Park Museum](#). The Legacy Park Museum offers local history and cultural exhibits that create an engaging yet comfortable outing for assisted living, memory care, senior care, elderly care, and respite care residents.