

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 community is among those decisions that is both practical and deeply psychological. You are weighing safety, medical needs, and money, however likewise self-respect, identity, and the texture of everyday life. Families often inform me they wish they had a clearer roadmap before they started touring places and checking out glossy brochures.

What follows is a structured, real-world list built from years of working in senior care, listening to households, and seeing what really matters when someone moves in. Utilize it as a guide, not a rigid rulebook. Every person 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 short article dives deep into each step.

1. Clarify needs, choices, and timing
2. Understand budget, benefits, and financial restraints
3. Build a brief, practical list of assisted living alternatives
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 between these actions rather than following them in an ideal straight line. That is normal. The point is to keep your decision anchored in a structured procedure rather of whatever facility

returns your call initially or has the shiniest lobby.

Step 1: Clarify needs, choices, and timing

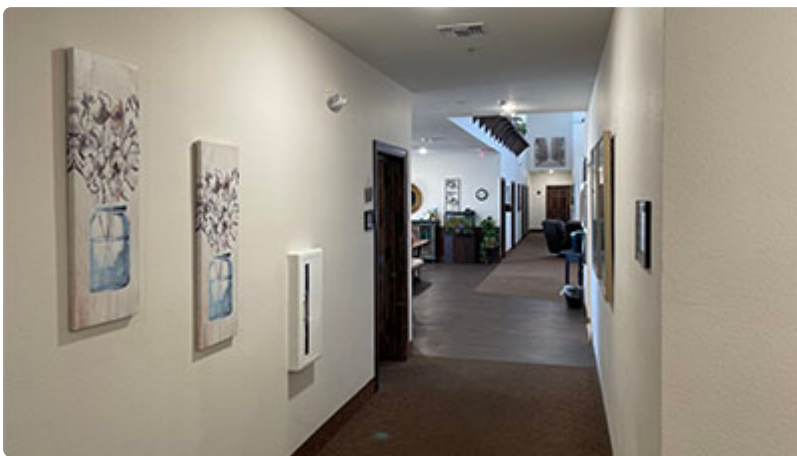
If you avoid this step, everything else gets more difficult. You will hear sales language from assisted living neighborhoods that might or might not match what your parent or loved one really needs.

Start with function and security, not age. 2 82-year-olds can have totally different support needs. One may still drive, cook, and manage medications, while the other battles with dressing, keeping in mind dosages, and falls.

A practical method to consider 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, handling finances, transport, housework, managing medications

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



It often assists to have an objective evaluation. This can come from:

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

A healthcare facility discharge organizer, if you are transitioning after a hospitalization. A care manager or social employee who specializes in senior care or elderly care.

If your loved one has amnesia, ask straight about cognitive problems. Early dementia can show up as confusion about time, difficulty managing money, or repeated medication mistakes. Not all assisted living facilities are set up for considerable memory problems. Some use dedicated memory care systems, with locked however home-like settings and staff trained particularly in dementia.

Alongside functional requirements, write down choices. These matter for lifestyle:

Location: near to family, familiar community, near a particular hospital.

Size: smaller, home-like buildings vs large campuses with more amenities. Culture: quiet and low-key vs active and social. Religious or cultural alignment. Family pets, outside space, privacy, checking out hours.

Finally, be honest about timing. Are you preparing ahead, or are you responding to a crisis such as a fall or caregiver burnout in the house? If it is urgent, you might require respite care first, then shift to permanent assisted living once everybody can breathe and plan.

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

Money forms the reasonable menu of choices. Families typically undervalue overall costs, then feel blindsided later.



Assisted living is generally private pay. Medicare generally does not cover room and board in assisted living facilities, though it might cover certain medical services provided there. Medicaid coverage differs by state and typically has waitlists, eligibility requirements, and limited participating facilities.

Start by clarifying:

What income and properties are readily available monthly and over the next 3 to 5 years.

Whether there is a long-term care insurance plan, and what it in fact covers. Eligibility for veterans' benefits, such as Aid and Presence, which can offset some assisted living costs. Whether offering a home [elder care](#) is on the table, and if so, on what timeline.

Facilities often price quote a base rate and after that add tiered care charges. For example, the base may consist of rent, energies, fundamental house cleaning, and some meals. Additional expenses may apply for medication management, incontinence care, additional escorts, or improved monitoring during the night. 2 citizens in the very same building can pay very different monthly amounts.

Ask yourself what trade-offs you want to make. A facility that seems pricey at first glimpse might provide greater staff ratios, better nursing oversight, or a stronger performance history handling complex conditions. A cheaper option that relies greatly on outdoors home-health companies for even standard care can become more costly and fragmented over time.

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

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

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

Start with 3 or four candidates that:

Fit within a sensible cost range, even after including most likely care fees.

Deal the level of care your loved one requires now, and potentially soon. Are in areas that work for the family members most associated with care.

Information sources consist of online directory sites, state regulatory websites, regional senior centers, physicians, and word of mouth. Be cautious with online evaluations. Problems can reflect one unhappy household out of hundreds of residents, or they may reveal patterns such as persistent understaffing or poor food quality.

A useful filter is to take a look at whether a center is licensed for assisted living just, or if it likewise provides memory care or proficient nursing on the same campus. Continuing care neighborhoods can ease shifts as requirements alter, however they can also have greater entryway fees and more intricate contracts.

Call each center and take note not simply to the material, however to the tone and responsiveness. How quickly do they return calls? Does the individual on the phone listen, or simply recite a script about amenities? The method a neighborhood manages you as a potential resident typically mirrors how they deal with households as soon as someone has actually moved in.



Ask for basic facts before setting up a tour:

Current base rates and typical overall regular monthly range for locals with comparable needs.

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

If a center refuses to offer even broad prices ranges before you visit, recognize that as a data point. Transparency at this phase conserves everyone time.

Step 4: Visit, observe, and compare day-to-day life

Tours are typically carefully choreographed. The technique is to look past the staged workout class and fresh flowers.

Plan at least one calm visit for each prospect. If possible, address various times of day: a weekday early morning and a weekend afternoon expose 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 checking out marketing materials to utilizing your own senses.

First, observe how you feel when you walk in. Is the atmosphere warm and lived-in, or cold and hotel-like? Do staff welcome citizens by name? Are citizens being in corridors looking disengaged, or exist pockets of activity at

different functional levels?

Second, enjoy personnel habits. Do caregivers seem hurried and worried, or calm and attentive? Staff turnover is a critical indication. Every structure has some churn, however continuous modification can be a red flag. Ask directly for how long typical caretakers and nurses stay.

Third, focus on hygiene and security:

Cleanliness of typical areas and bathrooms.

Smells that may suggest bad incontinence management. Lighting, floor covering, and handrails that impact fall risk. How personnel assist locals with walkers or wheelchairs.

Fourth, take a look at how medications are managed. Medication management is one of the most essential services in assisted living, and errors can have severe effects. You desire clear systems: locked medication rooms or carts, documented administration, and visible oversight by nursing staff.

Finally, evaluate meals and social life. Food in elderly care is more than nutrition; it is comfort and routine. Attempt a meal if possible. Ask whether they can accommodate special diets, such as low sodium or diabetic. Observe whether staff actually help citizens who need cueing or physical help to eat, instead of leaving trays and walking away.

Many households find it helpful to bring a short list of concerns. Keep it useful and avoid being swayed just by features that sound good but might never be used.

Here is one focused checklist of questions to assist your tour discussions:

1. What is the staff-to-resident ratio on days, evenings, and overnight, and how is it changed when requires increase?
2. How are care plans established, who takes part, and how often are they updated?
3. How do you manage falls, abrupt disease, and modifications in condition, consisting of when to call 911 or a member of the family?
4. Can you explain a common day here for someone with my loved one's abilities and interests?
5. How do you interact with families about concerns, events, or gradual decline?

Write responses 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 wide range of models. Some communities are heavily hospitality-focused, with beautiful decoration however restricted clinical depth. Others have strong nursing management however fewer frills. You desire the ideal blend for your situation.

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

Ask about:

Who is in fact providing day-to-day care. Most hands-on tasks are done by caregivers or certified nursing assistants, not nurses or doctors.

Whether there is a nurse in the building 24/7, just during organization hours, or on call after hours. How often medical suppliers, such as visiting physicians or nurse practitioners, begun site. What happens when a resident's needs escalate beyond the initial care plan.

If your loved one has complex conditions, such as heart failure, COPD, insulin-dependent diabetes, or innovative dementia, you will desire a neighborhood with stronger scientific capabilities. This might affect cost, however it lowers frequent hospital trips and unexpected moves.

Medication management systems vary commonly. Some centers charge per medication pass, others bundle it. For people on multiple medications, clarify who reconciles new prescriptions after hospitalizations, how they avoid duplication, and how they monitor for side effects.

Respite care can be a useful tool during this stage. A brief, time-limited assisted living stay lets you evaluate how a community manages medications, habits, and daily routines without devoting to a long-term contract. I have actually seen families discover throughout a two-week respite stay that an apparently small dementia problem in fact needs a memory care environment. That discovery, while difficult, prevented a poor long-term placement.

Finally, inquire about end-of-life assistance. Even if it feels early, understanding whether a facility partners well with hospice, and what citizens can stay in location for, informs you something about their viewpoint of care. A senior care service provider who talks comfortably and concretely about later on phases is usually more experienced and realistic.

Step 6: Check out the agreement like a skeptic

Once you have a front-runner, withstand the desire to rush through the paperwork. The assisted living agreement is where expectations, rights, and duties live. Problems typically arise not from bad individuals, but from misunderstandings buried in fine print.

Block out peaceful time to check out:

How the base cost is specified, and precisely what services it includes.

How care levels or point systems work. There is often a schedule that assigns points for each type of support, then equates points into a care tier and fee. Policies on rate increases, both yearly and due to increased care needs. What sets off discharge or transfer to another level of care.

Pay unique attention to the areas on:

Refunds or credits if your loved one leaves or dies partway through a month.

Resident rights, including grievance procedures and how issues can be escalated. Obligation for individual belongings and damage.

It is typically worth having another relied on person checked out the agreement too. If something is unclear, request a plain-language description and get it in composing, even in the form of an email.

Also clarify the role of outside services. Numerous locals get physical treatment, occupational therapy, or nursing through home-health agencies while living in assisted living. Who arranges those services? Where will they take place? How do they communicate with the facility about safety measures and follow-up?

If your loved one is moving in from home, ask about how they handle the first 30 days. Some communities have casual "trial" periods or additional check-ins as the resident adjusts. Others anticipate households to provide more existence initially, particularly if there is anxiety or confusion.

Step 7: Plan the relocation and the very first couple of weeks

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

Involve your loved one as much as they can manage. Even someone with moderate cognitive disability may have the ability to select favorite chairs, pictures, or bed linen to bring. Familiar products reduce the shock of a brand-new environment. Attempt to keep cherished belongings, such as a comfortable recliner or quilt, even if they are not stylish.

Coordinate with the center about:

Furniture dimensions and what they supply vs what you should bring.

Move-in scheduling to avoid excessively rushed or late-day arrivals, which can be hard for somebody with dementia. Medication handoff, consisting of having enough doses on hand and updated prescriptions.

For the first few weeks, anticipate emotions. Locals may reveal remorse, anger, or sadness. Caretakers in the house might feel guilt or relief, in some cases both simultaneously. I have actually seen families translate a rough very first week as an indication the positioning was a mistake, when in reality it was a normal adjustment.

Stay noticeable, but also give staff space to construct their own relationship. Daily visits in the beginning can comfort your loved one, however attempt not to intervene in every small demand. Instead, use that initial period to observe patterns: Is your parent dressed, groomed, and engaged? Do personnel seem to know their regimens and quirks?

If your loved one came from home with a really extended family caretaker, consider using respite care language even for a longer stay. Framing the move as "trying this out" can lower the psychological weight, even if you anticipate it to be permanent.

Step 8: Monitor, review, and advocate

Choosing a facility is not a one-time decision. It is an ongoing relationship. The very best outcomes take place when families remain involved, considerate, and properly assertive.

Keep an eye on:

Changes in appearance, weight, state of mind, or mobility.

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

Most assisted living communities have regular care conferences. Attend them if you can. Utilize those meetings to upgrade the group on what you are seeing and what matters to your loved one. For instance, if your mother is most likely to shower in the evenings because she always did so, share that. Small details can make care more successful.

When issues emerge, begin with the individual closest to the issue, such as the nurse or care manager, and intensify stepwise if required. Facilities normally respond better to specific, factual concerns than to broad allegations. "I have actually discovered three unopened medication packets in her space in the last month" is more actionable than "you never handle her medications right."

Sometimes, after all efforts, you may realize the fit is wrong. Perhaps your loved one needs a dedicated memory care unit, or a various culture, or a place closer to another family member. Moving once again is hard, but remaining in a setting that can not satisfy developing requirements can be harder. Use what you have actually learned from the first experience to make a more targeted choice the 2nd time.

Balancing safety, autonomy, and quality of life

The heart of assisted living is a delicate balance. You are attempting to provide adequate support to be safe, without removing away independence and significance. Too much supervision can feel infantilizing; too little can be dangerous.

In practice, the very best centers deal with locals as partners rather than problems to manage. They appreciate long-standing habits, even when those routines are bothersome. They understand that quality senior care is not just about preventing falls or handling blood pressure, but also about laughter at lunch, a familiar hymn in the background, or a staff member who keeps in mind precisely how someone takes their coffee.

As you move through this checklist, give equivalent weight to your head and your gut. Numbers and contracts matter. So does the subtle sensation you get when you see personnel joking gently with a resident or taking an additional moment to sit at eye level. Assisted living and elderly care have to do with relationships at their core. If the relationships feel and look right, and the concrete information line up with needs and spending plan, you are most likely very near the ideal 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](tel:(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](tel:(432) 217-0123), visit their website at <https://beehivehomes.com/locations/andrews/>, or connect on social media via [Facebook](#) or [YouTube](#)

[Florey Park](#) provides shaded seating and open areas ideal for assisted living and memory care residents during senior care and respite care visits.