

Business Name: BeeHive Homes of Collierville

Address: 1368 Wolf River Blvd, Collierville, TN 38017

Phone: (901) 286-3455

BeeHive Homes of Collierville

At BeeHive Homes of Collierville, Tennessee, we offer the finest assisted living and memory care experience available in a cozy, comfortable homelike 21 bedroom setting. Each of our residents has their own spacious room with an ADA approved bathroom and shower. We prepare and serve delicious home-cooked meals three times a day every day. We maintain a small, friendly elderly care community. We provide regular activities that our residents find fun and contribute to their health and well-being. Our staff is attentive and caring and provides assistance with daily activities to our senior living residents in a loving and respectful manner. We invite you to tour and experience our assisted living home and feel the difference.

[View on Google Maps](#)

1368 Wolf River Blvd, Collierville, TN 38017

Business Hours

- Monday thru Sunday: Open 24 hours

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A good memory care home is not simply a safer address. It is a therapeutic environment where regimens, personnel skills, and structure design all interact to decrease distress, assistance remaining capabilities, and offer families back the function of daughter, child, or partner instead of full-time crisis manager. Choosing that home requires more than a quick tour and a price sheet. It takes a clear-eyed inventory of requirements, a grasp of trade-offs, and a plan for evaluating what you can not see at first glance.

I have sat with households at kitchen area tables and in healthcare facility discharge lounges sorting through these options. The pattern repeats: a crisis, a scramble, then months spent unwinding a rash decision. The steadier course starts previously, even if a relocation is months away. What follows is the process I use, with details you can adapt to your household's situation.

Map the needs before you call a single community

Start with today's truths, not what you hope will enhance. Dementia care is dynamic, and the right fit depends on specific habits, medical comorbidities, and the abilities required across a complete day, not just throughout the simple hours.

Consider how your loved one finishes with bathing, dressing, toileting, and eating. Keep in mind where assistance is hands-on versus cueing just. List the behaviors that increase danger or distress: wandering, exit looking for, agitation at sundown, resistance to care, sleep reversal. Medical conditions matter too. Diabetes with insulin,

oxygen reliance, persistent kidney disease, cardiac arrest, or a history of falls can narrow options because some memory care homes are not licensed or staffed to manage intricate medical needs.

Timing shapes quality. If you can, prevent searching from a medical facility bed. Transitions stick much better when the individual with dementia is medically steady, sleeping fairly well, and going into a home where the care group has time to discover their rhythms. If a move is required by a hazardous situation, focus on communities with specialized consumption teams who can stabilize behavior and team up rapidly with the main clinician.

Know the differences: assisted living versus a dedicated memory care home

Families typically start with assisted living since it feels familiar, like an apartment or condo with assistance. Numerous assisted living communities likewise run a secured memory care wing, sometimes called an area. The fit depends upon your loved one's signs, the building design, and the team's training.

Assisted living works best for those who are socially engaged, still follow hints, and require restricted support. Corridors are longer, homes are bigger, and personnel typically look after residents with a broad variety of requirements. In contrast, a purpose-built memory care home reduces range in between bed room, bathroom, and typical areas, utilizes visual hints to decrease confusion, and allows totally free motion within a safe and secure boundary. The staff get extra dementia-specific training and the daily schedule blends structure with flexibility.

Some families fear a protected unit indicates a loss of flexibility. In practice, the ideal memory care home often provides more significant autonomy since the environment is engineered for it. Your loved one can stroll safely, join activities without complicated sign-ups, and eat when hungry rather than at a single sitting. The trade-off is home size and privacy. Rooms are smaller, and doors might be purposefully open during the day for observation. If roaming and exit looking for are frequent, a dedicated memory care home almost always provides a much better security and quality equation than a basic assisted living setting with periodic checks.





Get truthful about budget plan and how payment truly works

Sticker shock prevails. Nationally, standalone memory care prices frequently varies from roughly 5,000 to 10,000 dollars per month, in some cases higher in coastal metros. Assisted coping with dementia care add-ons may start near 4,000 and scale with care requirements. Prices models vary: some neighborhoods bundle care into tiers, others charge a base rent plus detailed care points. 2 quotes that look similar can diverge by 1,000 dollars or more when care levels, incontinence supplies, and medication management charges are added.

Medicare does not pay for room and board in a memory care home. It covers time-limited proficient services such as physical therapy, nursing visits, and hospice, which can be provided in the house. Medicaid protection is state-specific. Lots of states run waiver programs that help with assisted living and memory care expenses, but involvement is capped and waitlists are common. Veterans and making it through spouses may qualify for Aid and Presence benefits. Long-term care insurance can balance out a considerable portion if the policy covers assisted living or memory care and the benefit triggers are satisfied. Ask directly whether the community accepts Medicaid after a private pay period, and if so, for how long the spend-down expectation is. If they do not, prepare for what takes place when funds run low.



The humane financial plan includes buffers for surprises. Falls, infections, or hospitalizations can momentarily require one-to-one supervision or transportation. Anticipate incidental expenses: incontinence supplies, foot care, haircuts, mobile dentistry, and occasional sitter hours for medical appointments. If the neighborhood needs you to employ personal task aides in certain scenarios, know the hourly rates and minimum shifts in your market.

Build a shortlist with location, licensure, and track record in mind

Start close enough for frequent visits, a minimum of in the first months. A 20 to 40 minute drive can be a sweet area in city locations. Proximity matters not just for convenience but likewise due to the fact that families who appear regularly tend to catch small problems early.

Verify licensure and evaluation history through your state's health department or licensing firm. States use different labels for memory care home types, however many release survey outcomes and grievance histories online. A clean record does not guarantee quality, and a shortage does not guarantee bad care. Check out the information. A repetitive pattern of medication errors or inadequate staffing should have weight.

Talk to experts who see several communities from the within: health center case supervisors, home health nurses, physical therapists, and geriatric care supervisors. Ask which positions manage tough behaviors without reflexively sending out locals to the emergency clinic. When they lower their voice a notch and say, that team can hold the line when things get hard, listen.

Prepare for trips that reveal how care is really delivered

Fancy lobbies can sidetrack from the floorings where life occurs. Tours must consist of hallways, dining spaces, activity spaces, outside locations, and a typical resident space. Try to visit at various times, such as late afternoon when sundowning can peak.

Use these five concerns as your pre-tour list:

- How many citizens remain in the memory care system, what are typical staff-to-resident ratios by shift, and who is on website overnight?
- What dementia-specific training do all staff get before working alone, and how many hours of yearly continuing education are required?
- How are habits assessed and resolved, and who chooses when to alter a care strategy or call a physician?
- How are medications administered and reconciled at move-in, and who covers after-hours medication requires or urgent refills?
- What takes place if a resident falls, attempts to leave, declines care, or is hospitalized, and what are the thresholds for discharge or transfer?

Ratios vary by state policies and business policy. In numerous well-run memory care homes, you will hear daytime ratios near one caregiver for 6 to 8 citizens, with a nurse on website or on call, and nighttime ratios better to one for ten to twelve. Training depth matters as much as hours. Good programs exceed slide decks to role-playing, watching, and training on how to approach individual care without activating resistance.

Watch the micro-interactions. Do staff speak with citizens at eye level, call them by chosen names, and offer options framed simply? Is the environment noisy and disorderly or calm with purposeful activity? Are there locals parked in hallways without engagement? Odors tell stories. Intermittent brief smells happen, sticking around sour or urine smells throughout multiple visits recommend staffing or systems issues.

Look for little environmental cues: contrasting toilet seats that enhance exposure, memory boxes outside bedroom doors, natural light in typical rooms, protected access to an outside yard. Ask about laundry practices. Mixing all resident clothes together is quicker, but tailored laundry lowers loss and respects dignity.

Probe medical scope and partnerships

Dementia seldom travels alone. If your loved one has Parkinson's illness, prior strokes, insulin-dependent diabetes, or a feeding tube, confirm whether the memory care home can handle those needs under its license.

Ask how they coordinate with external service providers: mobile x-ray, injury care, podiatry, mental health, and hospice. When habits escalate, do they automatically send residents to the emergency situation department, or can they support with in-house medical support and medication changes bought by a familiar clinician?

Medication management is another pressure point. Mistakes frequently cluster at move-in when blister packs modification, as-needed drugs are reordered, or a caretaker misreads an old pill bottle. A strong memory care group owns the medication reconciliation procedure, calls the prescribing clinician to clarify, and develops a mentor plan for staff on any high-risk medications such as anticoagulants, antipsychotics, and insulin.

If your loved one is approaching late-stage dementia, explore hospice now. Hospice can work along with memory care to manage symptoms, offer devices, and support the family. Ask whether the neighborhood welcomes hospice groups and how they team up on after-hours needs.

Culture fit matters as much as clinical fit

Two memory care homes might offer similar services on paper and feel entirely various. Culture appears in the rhythms of a day. Are showers forced at 7 a.m. Because the schedule says so, or [senior care](#) moved to 2 p.m. Because that is when your dad is relaxed after lunch? Is breakfast plated for everyone at the same time, or can early risers eat at 6:30 a.m. While late sleepers take pleasure in a warm meal at 9:30?

Dining is a window into dignity. Customized diet plans should be appealing and safe, not beige mush. Personnel who sit for a few minutes and share a bite model the speed and social tone that assists citizens stay engaged. Search for versatile seating that lowers overstimulation, finger-food alternatives for those who roam, and a prepare for hydration beyond a single cup at mealtimes.

Activities should match cognitive stages and individual history. A generic bingo hour is lesser than a music session that take advantage of memory, a brief gardening job that uses long-held abilities, or a basic task like folding towels that offers purpose. The best programs deal with residents as individuals with pasts, not patients with symptoms.

Family communication is not a newsletter, it is a trustworthy two-way loop. Ask how and when the team updates families, who you call initially if something feels incorrect, and how care plan meetings are set up. A home that welcomes unannounced visits and reacts rapidly to little concerns is more likely to capture huge issues early.

Spot the red flags and the real green lights

When you lower everything you see and hear into a couple of indications, patterns become clearer. Utilize these paired examples to adjust your gut.

- Red flag: Personnel can not inform you particular resident regimens or choices and state, we do showers on Mondays and Thursdays. Green light: Personnel rattle off personal details easily and explain how they bend care, we discovered Mr. Ortiz prefers a warm washcloth on his neck before shaving, so we begin there and he smiles.
- Red flag: Activity calendars are loaded, but you see couple of individuals engaged and numerous asleep in front of a TV. Green light: A calmer schedule with little group or one-to-one activities underway, and staff who carefully invite, not pressure.
- Red flag: Repetitive alarms at exit doors and a team member screaming, Wait, do not go there. Thumbs-up: Less reliance on piercing alarms, with visual barriers, meaningful locations inside the system, and staff who reroute with connection rather than commands.

- Red flag: Defensive responses to event reports or medication errors, framed as, households sign a threat kind. Green light: Transparent incident evaluations, proactive calls, and clear plans to reduce recurrence.
- Red flag: Agreements with broad discharge stipulations about being a threat to self or others, with little specificity. Green light: Clear, behavior-based criteria for retention or transfer, and a documented process for step-up assistance before any discharge.

Read the agreement like it controls your future, because it does

The glossy brochure is marketing. The residency agreement governs truth. Concentrate on three sections: care level changes, discharge requirements, and rate adjustments. Tiered care models typically include periodic reassessment that can trigger fee increases. Ask who performs evaluations, how typically, and whether you can get involved. Scrutinize stipulations about two-person assists, incontinence, or wandering that might push your loved one into a greater tier.

Discharge language should have unique attention. Numerous arrangements allow the community to ask a resident to leave for security or nonpayment. What does security suggest in practice? Request examples. Get clearness on notification periods and refunds. If the neighborhood is personal pay only, and your spending plan relies on a home sale or long-term care insurance reimbursements, validate timelines and whether late payments sustain penalties.

State guidelines outline locals' rights, however enforcement differs. If you do not comprehend a stipulation, request for plain-language descriptions in composing. A credible memory care home will invite your concerns and regard your caution.

Plan the transition as a clinical and emotional process

A move to a memory care home is as much about trust as it is about logistics. The much better the handoff, the fewer rocky weeks you will endure.

Line up physician orders early, consisting of present medications with doses and indications. Deal with the community nurse to finish medication reconciliation, preferably with the main clinician on a call. If your loved one uses a pharmacy with shipment delays, consider the community's favored drug store for the very first month to avoid gaps.

Personalize the room with familiar however not messy products. A couple of cherished images, a favorite blanket, the very same reading lamp from home. Keep furnishings scaled to the space with clear walking lines. Label clothes and bring additional. Comfy, non-slip shoes matter more than nice ones.

Move in day goes best when it is not a surprise yet also not disputed constantly. For some, a mild therapeutic fib smooths the shift, for example, we are here for a stay while your home is being dealt with. Stay enough time to develop a calm start, then let personnel take the lead. Remaining for hours can heighten distress. Strategy a short visit later that day or the next early morning to enhance that you exist and your loved one is safe.

Expect an acclimation period that can extend from days to a couple of weeks. Appetite may dip, sleep may be irregular, and behaviors can increase. This does not mean it was the incorrect choice. It suggests change is difficult for a harmed brain. Daily check-ins with the nurse and a scheduled care huddle at the end of week one can calibrate strategies.

Monitor results, not guarantees, in the very first 90 days

Families who remain engaged after move-in tend to improve results. Track a few simple markers: weight, falls, sleep, variety of as-needed medications utilized, and participation in at least one enjoyable activity daily. If your loved one is on antipsychotics or sedatives, ask for the specific dosing and the behavior targets. Any brand-new psychotropic ought to have a start date, a reassessment strategy, and a taper discussion.

Attend the very first care strategy meeting personally if possible. Bring your observations and a list of priorities, such as minimizing nighttime uneasiness or improving hydration. Share particular relaxing strategies that worked at home, preferred tunes, hobbies, or faith practices. Over time, you need to see less crises and more stretches of calm. If not, ask what the team will try next. Great dementia care iterates.

A brief case vignette to show trade-offs

Mrs. Liang, a retired tailor with moderate Alzheimer's illness, lived with her daughter in a two-story home. She roamed at night, resisted showers, and had actually poorly controlled diabetes. The daughter wanted a little assisted living near her office. The structure was beautiful, the house large, and the rate lower than a devoted memory care home ten minutes further away.

On paper, the assisted living could accommodate cueing for health and insulin injections. During the tour, we saw long hallways and no secured yard. Personnel were kind however carried heavy projects across several floorings. The memory care home felt less grand but had short sightlines, a peaceful rhythm at 4 p.m., and a nurse who described how they utilized warm washcloths and music throughout bathing. They partnered with a mobile endocrinology service and had a standing protocol for nighttime wandering that did not count on alarms.

Three months after picking the memory care home, Mrs. Liang's A1C enhanced and night strolling decreased. Showers relocated to early afternoon after tai chi music. The child visited 3 times a week, often bringing material squares to fold, and she discovered fewer contusions and more smiles. The home would have been prettier. The result was better where the environment and staff skills matched the habits patterns.

Edge cases that require special handling

Young start dementia provides unique difficulties. Citizens in their 50s or early 60s have more physical energy, stronger voices, and different interests. Ask specifically whether the memory care home has experience with more youthful locals and how they adjust activities. A quiet unit geared to late-stage residents may irritate a more youthful person and trigger more behavioral issues.

Wandering with elopement efforts raises the stakes. Look beyond locked doors to the overall design. Excellent memory care homes utilize circular strolling courses, locations like a garden or workbench, and discrete gain access to control that does not market exits. Ask how many effective elopements happened in the previous year, how staff responded, and what changed afterward.

Bilingual needs can be the difference between agitation and calm. If your loved one goes back to a mother tongue, look for staff who can interact in it or innovative assistances such as multilingual activity leaders and cue cards. Food that matches cultural choices is not a luxury in dementia care, it is a care tool.

Couples sometimes want to move together, even if only one partner requires memory care. A few neighborhoods allow shared spaces in the memory care unit, others coordinate throughout assisted living and memory care with linked routines. Weigh the benefits of togetherness against the healthy partner's requirement for rest and social outlets. It is appropriate, and often smart, to focus on the safety and well-being of both rather of requiring a single solution.

Pets can relieve or stress. Some memory care homes welcome small animals owned by the resident if household handles veterinary care and grooming. More commonly, communities use treatment animals on set up visits. If a long-lasting animal is central to identity, ask early about policies and whether an imaginative happy medium exists.

When the family disagrees

Disagreement is typical. Brother or sisters who live out of state often push for more home care, while the main caretaker sees installing exhaustion and dangers. Bring in an objective voice. A geriatric care supervisor or social worker can examine care requirements and home security, then present alternatives with benefits and drawbacks. Frame the decision around the individual's best interests and measurable outcomes, not guilt or pledges made years ago when scenarios were different.

If your loved one can still express choices, involve them in ways that do not overwhelm. Choices like space design or meal options use agency without positioning the concern of the carry on their shoulders. Keep conversations easy and compassionate.

The peaceful tests that matter most

A memory care home earns trust by how it handles the unplanned. Ask each place to inform you about a difficult week. Listen for specifics, not platitudes. Take note of how they speak about residents and families when they believe you are not listening. If a caretaker stops to adjust a sweatshirt on somebody who is cold, if a house cleaner greets residents by name, if a nurse confesses a mistake and lays out a repair, you are seeing the culture that will carry your loved one through the hard days.

Selecting a memory care home is not about finding excellence. It is about selecting a group and an environment that can satisfy your loved one where they are, adapt as requirements change, and treat everybody involved with regard. Start with needs, validate the scope, test the culture, and protect the fundamentals in composing. Then offer the new routine time to settle. When the fit is right, you will notice fewer emergency situations, more ordinary moments, and a steadier variation of domesticity returning.

BeeHive Homes of Collierville provides assisted living care

BeeHive Homes of Collierville provides memory care services

BeeHive Homes of Collierville provides respite care services

BeeHive Homes of Collierville supports assistance with bathing and grooming

BeeHive Homes of Collierville offers private bedrooms with private bathrooms

BeeHive Homes of Collierville provides medication monitoring and documentation

BeeHive Homes of Collierville serves dietitian-approved meals

BeeHive Homes of Collierville provides housekeeping services

BeeHive Homes of Collierville provides laundry services

BeeHive Homes of Collierville offers community dining and social engagement activities

BeeHive Homes of Collierville features life enrichment activities

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

BeeHive Homes of Collierville promotes frequent physical and mental exercise opportunities

BeeHive Homes of Collierville provides a home-like residential environment

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

BeeHive Homes of Collierville assesses individual resident care needs

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

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

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

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

BeeHive Homes of Collierville has a phone number of (901) 286-3455

BeeHive Homes of Collierville has an address of 1368 Wolf River Blvd, Collierville, TN 38017

BeeHive Homes of Collierville has a website <https://beehivehomes.com/locations/collierville/>

BeeHive Homes of Collierville has Google Maps listing <https://maps.app.goo.gl/F1PuQmWyGT6PTGmY6>

BeeHive Homes of Collierville has Facebook page <https://www.facebook.com/BeeHiveCollierville>

BeeHive Homes of Collierville has Instagram page <https://www.instagram.com/beehivecollierville/>

BeeHive Homes of Collierville won Top Assisted Living Homes 2025

BeeHive Homes of Collierville earned Best Customer Service Award 2024

BeeHive Homes of Collierville placed 1st for New Mexico Senior Living Communities 2025

People Also Ask about BeeHive Homes of Collierville

What is BeeHive Homes of Collierville 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 of Collierville 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?

Yes, we have a part-time nurse with an on-call nurse if needed for after hours. We also have a Med Tech on staff that can administer medications

What are BeeHive Homes of Collierville's 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 Collierville located?

BeeHive Homes of Collierville is conveniently located at 1368 Wolf River Blvd, Collierville, TN 38017. You can easily find directions on [Google Maps](#) or call at [\(901\) 286-3455](#) Monday through Sunday Open 24 hours

How can I contact BeeHive Homes of Collierville?

You can contact BeeHive Homes of Collierville by phone at: [\(901\) 286-3455](#), visit their website at <https://beehivehomes.com/locations/collierville/> or connect on social media via [Facebook](#) or [Instagram](#)

[Carrabba's Italian Grill](#) offers family-friendly dining that complements Assisted Living, Memory Care, Senior Care, Elderly Care, and Respite Care visits.