

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.

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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 home for an older parent or relative is one of those decisions you feel in your stomach. It is financial, medical, psychological, and relational, at one time. Households typically wait up until a fall, a hospitalization, or caregiver burnout forces the concern, then scramble to examine alternatives quickly. That is when individuals make compromises they later on regret.

A careful, systematic method makes a big difference. With the right preparation, you can move from vague worry and regret to a clear understanding of what your loved one requirements, what different neighborhoods in fact offer, and how to judge quality beyond shiny brochures.

I have strolled this path with families who were overwhelmed, angry, and exhausted, and I have seen what assists. The details listed below are useful, not theoretical, drawn from years of dealing with senior care groups, citizens, and relatives who desired the best for individuals they love.

Start by understanding what "assisted living" really means

Many households think of assisted living as "a nursing home lite" or just "a location with help offered." In truth, it occupies a particular niche in the senior care spectrum.

Assisted living is developed for older grownups who still have some independence but require consistent help with day-to-day activities. Those activities include bathing, dressing, toileting, transferring, consuming, and

medication management. Homeowners typically reside in personal or semi-private apartments and share typical locations such as dining rooms, activity areas, and outdoor courtyards.

Medical care is not as extensive as in a proficient nursing facility. Most assisted living homes have nurses on-site or on call, however they are not set up for people who need day-and-night medical monitoring, complex wound care, or regular IV treatments. The focus is on support with daily life, security, social connection, and a structured environment.

You will also see marketing terms like "senior living," "retirement community," or "memory care." These can imply:

- Independent living: for reasonably healthy seniors who want social life and benefit however little to no hands-on care.
- Assisted living: for senior citizens requiring assist with everyday jobs but not complete nursing care.
- Memory care: protected units or separate communities for citizens with dementia who require specialized supervision and programming.
- Skilled nursing: medical facilities supplying 24/7 nursing care and rehabilitation.

Understanding the differences prevents you from exploring a neighborhood that looks stunning however is not medically suitable, or from overpaying for more medical capability than your loved one in fact needs.

Clarify your loved one's real needs, not just what they admit to

Most older grownups underreport how much aid they require. Pride and fear of "being put away" drive them to state, "I'm fine, I simply need a little aid," even when falls, missed medications, or unsettled bills tell a different story.

Before you take a look at any particular assisted living home, take a sober stock in 4 areas: physical, cognitive, psychological, and practical.

Physically, note movement, balance, strength, continence, and endurance. Does your loved one usage a cane or walker? Can they leave a chair securely? Do they tire after brief strolls? Have there been falls, even unusual ones? Falls are often the real tipping point for needing assisted living, even if the individual can still bathe and dress independently most days.

Cognitively, focus on memory, judgment, and orientation. Individuals with early dementia might sound sharp in short discussions however battle with multi-step tasks like managing medications or financial resources. Have you noticed duplicated stories, forgotten appointments, or food spoiling on the counter? Did they ever get lost on a familiar route? Mild cognitive decrease does not instantly require memory care, but it affects which assisted living set-up will be safe.

Emotionally and socially, think of mood, seclusion, and coping. Depression in older adults is typically masked as "slowing down." If your loved one seldom leaves home, avoids activities they once delighted in, or calls you several times a day out of solitude, they may benefit from a neighborhood with strong social programs. Alternatively, an exceptionally introverted individual might feel overloaded in a large, busy structure and do better in a smaller, quieter home-like setting.

On the practical side, evaluate what you or other caretakers are presently doing. Who manages medications, drives to consultations, shops for groceries, cleans, cooks, and does laundry? Make a list for yourself, even if you never ever reveal it to anybody. That list becomes your standard to compare to what each assisted living neighborhood realistically provides.

Families that avoid this self-assessment frequently tour based upon appearance and location alone. They might fall in love with a center that has beautiful gardens, just to find later on that it can not deal with much heavier care needs when those requirements undoubtedly arise.

A basic structure for narrowing options

It assists to filter the universe of senior care options into a workable shortlist before you start visiting. Here is a succinct framework lots of families find useful:



1. Define care level: Match your loved one's health, movement, and cognition to the right level of care: independent living, assisted living, assisted coping with memory care, or skilled nursing.
2. Set a sensible budget plan: Include month-to-month fees, expected boosts in time, and any "levels of care" surcharges. Do not forget to factor in existing costs that will disappear, such as energies, home upkeep, and groceries.
3. Choose a geographic radius: Choose how close the home must be to household, medical suppliers, and familiar areas. More regular visits generally matter more than a prestigious zip code.
4. Consider community size and culture: Assess your loved one's personality. Would they thrive in a dynamic 150-unit building with a jam-packed activities calendar, or a 20-resident board-and-care home that seems like a big shared house?
5. Screen for deal-breakers: Animal policies, smoking cigarettes rules, spiritual association, language assistance, and the ability to age in place are all factors to remove a community from your list before setting foot inside.

Once you go through these filters, you frequently go from a long, overwhelming list of options to 3 to 5 feasible candidates. That number is much easier to examine thoroughly.

What to pay attention to when you tour

Brochures and sites show you décor, amenities, and smiling residents. A tour reveals you how the location operates when no one is watching. When I visit a new assisted living neighborhood, there are a number of things I take note of before I even sit down with the marketing director.

Walk gradually through the lobby, typical locations, and halls. Take a look at homeowners' faces. Are individuals engaged and interacting, or plunged in chairs facing a tv? Blended moods are regular, however if most residents look withdrawn or unattended for long stretches, that tells you something.

Notice smells, but do not overreact to a single incident. A quick odor near a space may simply imply personnel is in the process of changing someone. A heavy, constant smell of urine or strong cleansing chemicals in common areas signals chronic understaffing or poor housekeeping routines.

Watch staff behavior. Are they walking quickly yet calmly, or hurrying previous locals without eye contact? Do you hear staff speaking respectfully, using names and describing what they are doing? Or are there raised voices, impatience, or a great deal of "sweetie" and "honey" in place of genuine names? Culture shows in these small moments.

If you can, ask to see the dining-room during a meal instead of at 3:00 p.m. When it is empty and clean. How is the food served? Exist alternatives, and do locals get help if they appear confused or physically limited? Is anybody sitting alone who looks like they would choose business? Mealtimes are main to mood and nutrition in elderly care, and you can learn more in thirty minutes there than in an hour of sales talk.

Finally, observe security and safety with the exact same critical eye. Are exits clearly significant and alarmed if needed, particularly in memory care areas? Are handrails and grab bars put where you would expect? Exist jumbled corridors that might cause falls? You do not need to be a building inspector to get a strong gut sense of whether safety is taken seriously.

Staffing: the heart of quality senior care

Buildings do not offer care, people do. The most beautiful assisted living facility on paper can fail your loved one if staffing is too thin or too unstable.

There are three elements to analyze: staffing ratios, staff training, and turnover.

Staffing ratios in assisted living are not managed as tightly as in healthcare facilities or nursing homes, and numbers on a page can be deceptive. A community may claim a "1 to 8" ratio, but that might consist of housekeeping or administrative staff throughout certain shifts. Ask specifically how many direct care personnel are on duty during days, evenings, and nights, and how many locals they cover. A night shift with one caretaker for 30 locals who need assistance to the restroom is a recipe for falls and accidents.

Training matters simply as much. Certified nursing assistants (CNAs), individual care assistants, and med techs must all receive regular training on dementia interaction, safe transfers, infection control, and emergency situation response. Do not hesitate to ask how [assisted living](#) new staff are oriented and how often they get refresher training. A community that invests in training generally has much better outcomes and less crises.

Turnover gives you a sense of culture and stability. Every facility has some personnel turnover, especially in lower-wage roles. What you want to see is a core of veteran staff members who know homeowners by history, not simply by space number. If the director of nursing and the administrator have both changed three times in two years, think about that a caution sign.



Families often ignore how dependent their loved ones will become on a couple of key team member. Familiar caregivers can soothe agitation, notice subtle modifications in health, and supporter for locals in ways that no policy manual can replicate.

Using respite care and trial stays to reduce risk

Many assisted living communities offer respite care, indicating short-term stays that last from a few days to a few weeks. These are indispensable when you doubt whether your loved one is all set for a relocation, or when you need a safe location while recuperating from caretaker burnout or a hospitalization.

Think of respite care as a test drive. Your loved one can experience the routines, food, and social environment without the psychological weight of "I live here now." You get real data on how the staff reacts to their specific quirks and needs.

For example, I as soon as worked with a household whose father always insisted he did not require aid, then covertly called next-door neighbors at all hours. He grudgingly agreed to "2 weeks of respite while my daughter travels for work." By day 5 he was playing cards every afternoon and sleeping through the night. The family and staff might then discuss an irreversible relocation based upon his actual experience, not speculation.

Not every respite stay is an ideal fit, and that is details too. If your loved one returns home unpleasant and you discover the problems match what you observed: dull food, rigid schedules, personnel who seemed rushed, then you understand that specific community is not right. Much better to discover that in 2 weeks than after offering a house and signing a long lease.

Reading the contract and comprehending the money

Financial structure is where numerous families get undesirable surprises. Assisted living pricing can look straightforward on the surface, yet be complicated underneath.

Most neighborhoods have a base regular monthly rate that covers housing, fundamental utilities, some housekeeping, and basic meals. On top of that come "levels of care" or "service plans" based on just how much assistance your loved one requirements. Every help task, from medication administration to escorts to the dining room, can be tied to a point or tier system.

Ask for a composed breakdown of what exactly is included in the base rate, and what triggers additional fees. If your loved one currently requires help with one or two everyday activities, ask what the approximated expense will be if they later on need aid with four or 5. Their requirements will often increase over time.

Pay attention to:

- Rate increase history over the last five years.
- Policies on holding a room throughout a healthcare facility stay.
- Refund terms for deposit or community fees.
- Charges for transport, incontinence materials, and additional housekeeping.

Funding sources matter too. Long-lasting care insurance may reimburse part of the cost, but just if the policy's criteria are fulfilled and the neighborhood files care appropriately. Some states offer Medicaid waivers for assisted living, however not all facilities accept them, and areas are restricted. Veterans may have access to Help and Presence benefits that can help balance out senior care expenses.

The time to sort out these details is before a crisis, not after an unexpected stroke or a broken hip. Families who share clear eyes and a cushion for future needs manage shifts with far less stress.

Matching culture and activities to the individual, not the brochure

Activities calendars in assisted living sales brochures typically look outstanding: yoga, art classes, live music, trips, discussion groups. The concern is not the number of items appear on the list, however how well they fit your loved one.

If your mother has never ever enjoyed group crafts, she will not suddenly embrace them because they take place in a nice activity space. If your father lights up when talking about history or gardening, you want a community that provides genuine outlets for those interests, not just bingo three times a week.



During your tour, ask to see locals during an activity, not just a schedule on paper. Are individuals genuinely engaged, or do they look like they are attending since there is nothing else to do? Are quieter options readily available for those who dislike loud group occasions? Exist alternatives on nights and weekends, when solitude can intensify?

Spiritual and cultural fit also matter. Some neighborhoods have strong spiritual identities, with routine services or pastoral care. Others are more nonreligious. Language and food culture can be important for locals from diverse

backgrounds. A community that appreciates and reflects your loved one's identity supports dignity and mental health in ways that are hard to quantify however easy to feel.

Family participation and communication

No matter how great an assisted living home is, household stays part of the care team. The healthiest situations I have seen are collaborations, where personnel, residents, and relatives communicate openly and often.

Ask how the neighborhood keeps families notified. Do they call you only when something fails, or do they proactively share updates? Exists a designated point individual, such as a care coordinator or nurse, whom you can reach when you have issues? Are care strategy conferences set up frequently, and can you join by phone or video if you live far away?

Clarify expectations about visits. Some neighborhoods motivate families to join meals, getaways, or activities. Others are more hands-off. If you plan to stay greatly involved with bathing, meals, or transport, discuss this honestly. Assisted living homes require accurate assumptions about what your loved one will get from family, both so they can prepare staffing and to prevent misunderstandings later.

When communication breaks down, small problems like a misplaced sweatshirt or a small medication modification can erode trust rapidly. Neighborhoods that welcome concerns and respond without defensiveness tend to manage bigger difficulties better.

Red flags that deserve your attention

Not every defect is a deal-breaker. A slightly dated carpet or minimal parking might be frustrating but bearable. Other indication need to prompt severe pause.

Be mindful if you see frequent call lights going unanswered for extended periods, residents calling out for help without action, or personnel who appear inflamed or dismissive when residents are puzzled. Bear in mind if you ask specific questions about staffing, care treatments, or occurrence reporting and receive unclear, scripted answers instead of concrete information.

High administrative turnover, opaque monetary practices, or hesitation to share state examination reports are also concerning. Every facility has citations and hiccups, but how management discuss past issues informs you whether they discover and improve or just spot and move on.

Trust your instincts. Families typically discover an undercurrent of tension, disregard, or disorganization that they can not instantly articulate. When you leave a tour sensation anxious, listen to that feeling and investigate further.

Key questions to ask on every tour

To keep your visits focused and comparable, it assists to use a constant set of questions. You can adapt the wording, however the core subjects should not be skipped:

1. How do you examine a new resident's requirements, and how typically are those care plans updated?
2. What is your typical staff-to-resident ratio on day, evening, and graveyard shift, particularly for hands-on caregivers?
3. What happens if my loved one's requirements increase? Can they remain here, and how are extra costs calculated?

4. How do you handle medical emergency situations, hospital transfers, and communication with households during those events?
5. Can you share current state examination results or any significant deficiencies, and how you attended to them?

Write down the responses as quickly as you leave, while details are fresh. After exploring numerous places, those notes will help you cut through the blur of pretty lobbies and similar-sounding promises.

Helping your loved one accept the move

Even when you find an outstanding assisted living home, the emotional piece remains. Older grownups rarely state, "I can not wait to leave my home and move into assisted living." They might fear losing autonomy, friends, and familiar routines. Some likewise carry preconception from earlier periods when institutional care suggested plain, hospital-like nursing homes.

Start discussions early, preferably before a crisis. Frame assisted living as a way to maintain self-reliance securely, not as a punishment or a last chapter. For instance, "If you are in a place with personnel around, you can keep taking walks and mingling without us hovering in concern."

Involve your loved one in options whenever possible. That may indicate letting them pick between 2 neighborhoods you have currently vetted, picking their own room design, or choosing which familiar valuables to bring. Even small decisions can restore a sense of agency.

Expect ambivalence and some pushback. I have actually seen individuals who were mad and withdrawn for the very first two weeks gradually adjust when they realized they were not losing their household, just their hazardous isolation. Regular visits at the beginning aid, as does maintaining outdoors relationships and routines when possible, such as going to the same church or hosting household dinners on-site.

If your loved one has cognitive problems, choices may eventually rest with you or another legal proxy. In those cases, focus on what you know of their enduring values. Did they always state, "I never want to end up in a nursing home"? That does not automatically indicate they would oppose assisted living, which can feel very different. Analyze their dreams because of current reality and safety.

The very first months: what to watch and when to adjust

The shift period after moving into assisted living is important. Residents and households need time to adapt to brand-new routines, individuals, and expectations. At the very same time, this is when you are probably to observe mismatches in between what was promised and what is delivered.

In the very first 30 to 90 days, pay attention to:

Energy and mood. Some preliminary fatigue is typical as your loved one adapts to more stimulation, however relentless withdrawal, weight-loss, or agitation deserve attention. Ask personnel what they are seeing and whether changes to activities, roomies, or care routines may help.

Care follow-through. Are the services recorded in the care strategy actually taking place? For instance, if your mother was supposed to get assist with showers 3 times a week, does she feel tidy and comfy, or is she still scared of falling in the bathroom?

Communication patterns. Are staff connecting to you appropriately when there are changes in condition, medication, or behavior? Do your calls get returned? Early patterns typically forecast long-lasting experience.

If something feels off, address it early and particularly. Most assisted living homes choose to correct problems quickly instead of let frustration simmer into resentment and talk of leaving. Often a small change, such as adjusting medication times or seating arrangements at meals, substantially improves quality of life.

In rare cases, you may understand that a community just is not the best fit. When that takes place, do not view the relocation as a failure. You learned valuable information about what your loved one truly needs and what they are sensitive to. Use that insight to select more wisely the second time.

Choosing an assisted living home is not about discovering perfection. It has to do with discovering a location where your loved one can be safe, supported, and called a person, not a space number. If you make the effort to comprehend their requirements, ask clear questions, observe thoroughly, and trust both evidence and intuition, you give them and yourself something valuable: the possibility to move into this new season of elderly care with less fear and more confidence.

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

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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/VnRdErKxDRfnU8f8>

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](tel:4322170123), 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.