

**Business Name:** BeeHive Homes of Levelland

**Address:** 140 County Rd, Levelland, TX 79336

**Phone:** (806) 452-5883

## BeeHive Homes of Levelland

Beehive Homes of Levelland 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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140 County Rd, Levelland, TX 79336






### Business Hours

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

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Families typically get to a tour with a knot in the stomach and a list of hopes. They desire a location where their parent is safe, however not confined. They want personnel who actually know the individual, not just the medical diagnosis. They also need an agreement that will not amaze them when care requires increase. An excellent tour can address those needs, if you understand where to look and what to ask.

## What a fantastic tour in fact reveals

A polished lobby and a fresh coat of paint do not inform you much about dementia care. The significant signals are more ordinary: how rapidly an employee notices a resident at threat of roaming toward the exit, whether a caretaker kneels to a resident's eye level when speaking, if the schedule flexes to the individual rather than the person being bent to the schedule. Take note of rhythm. Do citizens appear hurried, or do staff enable time for choices? Do you hear real conversation, or just task-focused commands?

Touring is your chance to see the home's culture in movement. Ask questions, but likewise demand to observe small things up close, like a medication pass or a mealtime in the memory care dining-room. The best neighborhoods welcome this level of transparency due to the fact that they take pride in their routines.

## Before you go: align requirements, budget, and timing

Families frequently lose weeks visiting locations that do not fit the real requirements. A brief calibration before you step inside conserves time and heartache. Talk candidly with the main doctor and any home health nurse

who knows your loved one. Name the daily realities: incontinence, exit seeking, sleep reversal, sundowning, swallowing concerns, falls, aggressiveness set off by bathing. A community that shines for mild amnesia might not be equipped for late-stage dementia or intricate medical care.

Use this short list to prepare, and bring responses on tour:

- Current diagnoses and leading three care challenges
- List of medications and who recommends them
- Mobility status, current falls, and assistive devices
- Budget range and funding sources, consisting of long-term care insurance coverage or veterans benefits
- Preferred health center, hospice, and primary care relationships

Having these information noticeable assists the neighborhood provide particular responses, not vague reassurances. It also lets you compare apples to apples when you evaluate fees and care tiers.

## **Staffing and training: who is genuinely doing the work**

Most of memory care is human work. Ratios matter, but they do not inform the whole story. Request for typical staffing by shift for the dedicated dementia care unit: day, evening, and overnight. Lots of communities report ranges like 1 caretaker for 6 to 8 homeowners during the day, 1 for 8 to 10 in the evening, and 1 for 12 to 15 over night, with a nurse either on-site or on-call. Listen for how they manage call-offs and surges in requirement. A posted ratio suggests little if it collapses every weekend.

Ask about training content, not just hours. State minimums might be 8 to 12 hours each year, which barely covers the basics. Strong programs go deeper: recognizing and preventing delirium, nonpharmacologic techniques to distress, safe transfers for contractures, communication methods for aphasia, and trauma-informed care. Demand examples of recent trainings and who participated in. If they use firm personnel, how do they orient them to resident histories and behavioral care plans?

Probe supervision. A floor nurse who is likewise covering two other units can not coach caretakers in the minute. Ask, throughout a normal afternoon, who can step in to lead a de-escalation or adjust PRN medications if a resident is pacing and tearful.

## **Care preparation and medical oversight**

Your loved one is more than a set of tasks. The care strategy ought to show that. Ask how the preliminary assessment is carried out and who participates. A strong method includes input from nursing, activities, dietary, the family, and, when possible, the resident. Ask how quickly they finish the very first care plan after move-in. Forty-eight to seventy-two hours is an affordable target, with an official evaluation at 30 days.

Inquire about doctor protection. Some memory care neighborhoods partner with a dedicated geriatrician or sophisticated practice service provider who rounds weekly or biweekly. Others depend on outdoors primary care visits. There is no single right model, but clarity matters. Who manages emergent issues like a presumed urinary system infection on a Sunday night? How are laboratories drawn? Can they administer intramuscular injections on-site? If they mention telehealth, ask how they take vital signs and who helps with the visit. A great response consists of prepared pre-visit notes and a way to carry out orders promptly.

Medication management deserves a deep dive. View a med pass if allowed. Are meds crushed safely when required, and are authorization and drug store guidance recorded? How do they track refusals? Ask for their last

study's medication error rate and how they addressed it. Even if they do not share numbers, their desire to discuss quality indications tells you a lot.

## **Safety you can feel, not just see**

Locked doors are not the only indication of a safe dementia care unit. Take a look at sightlines. Personnel must have the ability to see typical areas without leaving one resident alone in a corner. Look for purposeful style: contrasting colors on bathroom components so depth perception problems do not lead to falls, simple signage with both words and pictures, flooring with low glare to lower the impression of wet areas. If the structure utilizes alarms, test one. How rapidly do personnel react to a door chime or a wearable alert? Under one minute in typical locations is a strong requirement; longer responses require follow-up questions.

Outdoor space is not a luxury. Ask how often homeowners go outside and who monitors. A fenced garden that no one utilizes is not significant. Search for chairs with arms for easier sit-to-stand, shaded paths, and something to do with hands, such as raised planters or a bird feeder. Ask how they handle heat waves or bad air quality days.

Fire safety and elopement plans need to be more than binders on a shelf. Ask for a plain-language description of their last real occurrence and what changed because of it. You are not looking for excellence; you are seeking a culture that learns.

## **Daily life: rhythm, choice, and purpose**

In a great dementia care setting, the day has a gentle structure with space for an individual's long-held practices. Ask to see the day's activity calendar, then compare it to truth in the living room. Are individuals dozing while a staff member flips through a binder, or do you see little groups with tailored tasks? Activities need not be fancy. Folding towels, matching socks, sanding a block of wood, reading the sports page aloud, or listening to music from the best years can all be therapeutic. The question is whether staff can line up the right activity with the ideal individual at the best time.

Look at mornings. Locals with dementia often have a hard time most with bathing and dressing. Ask how they relieve this, particularly for someone who withstands showers. Listen for methods such as warm towels, step-by-step cueing, alternate bathing days, familiar music, and enabling a resident to aid with their own care even if it takes longer. Time pressure is the opponent here.

Sleep patterns reveal the health of the unit. If your father wakes at 4 a.m. Every day from decades on a farm, can the group deal coffee, a peaceful walk, and safe guidance rather of demanding a standard wake time? If nights are chaotic, you will notice it in the staff's faces by 10 a.m.

## **Food, hydration, and self-respect at the table**

Meal times are windows into culture. Sit in if you can. Is the room calm enough for somebody with sensory overload to consume? Are plates in colors that contrast with food, so visual deficits do not cut intake? Ask whether they utilize adaptive utensils and plate guards without making an individual feel singled out. If your mother has reduced weight, request to see their prepared snacks and between-meal hydration routine. Sipping from a preferred mug, smoothies with added protein, finger foods for those who speed, and little, regular offers often beat large, formal meals.

Texture-modified diet plans need skill. Observe how they plate pureed foods. Do they look appealing, or like scoops on a tray? If a resident coughs throughout the meal, does personnel understand the swallow plan and

how to react without shaming? Ask how they train brand-new hires on dysphagia and choking response. If they use thickened liquids, who sets the level and who examines adherence?

Families fret about alcohol. Bring it up if pertinent. Some neighborhoods permit a supervised glass of wine; others do not. The right answer is the one that fits safety and the individual's worths, with clear documentation.

## **Behavioral support without reflex to restraints**

Distress habits are communication, not "acting out." Explore how the team checks out those signals. Ask for a story of a resident who routinely called out or attempted to leave. What did they attempt initially? Strong programs start with triggers and patterns: pain, infection, monotony, constipation, medication side effects, overstimulation, sorrow. They change environment and routine before requesting psychotropics.

Ask who can order PRN antipsychotics, how frequently they are utilized, and what the review procedure appears like. Many regions require steady dose reductions and month-to-month reviews; compliance appears in how quickly they can describe their information and oversight. Physical restraints in dementia care are uncommon and usually inappropriate, however the edges can be gray, like lap belts or "scoop" chairs. Ask how they define restraint, how they look for authorization, and what options they try.

When an acute crisis happens, where do they send out homeowners? Some areas have geriatric psychiatric units; others depend on emergency departments. Neither course is easy. Ask what staff does in the very first 30 minutes of a crisis and who stays with the resident throughout transfer. Empathy during the worst minutes matters as much as any amenity.

## **Family involvement and real-time communication**

Families are not visitors; they are partners. Ask how typically the group will proactively call you, and what activates a same-day update. Examples consist of a fall, a brand-new skin tear, refusal of three or more meals, a new medication, or a significant modification in mood. If they use a household app, ask what is documented there versus what still needs a direct call. Technology assists, but it does not replace judgment.

Request the schedule of care strategy meetings. Quarterly is common, but month-to-month check-ins throughout the very first 90 days often make the distinction in between a rocky relocation and a steady one. Ask whether you can leave brief notes about biography, preferred music, or convenience items. A binder of "About Me" pages works just if personnel really reads it. Watch whether caretakers can inform you 3 individual truths about locals in the space. If not, paperwork is not reaching the floor.

Visiting hours and versatility matter. If evenings are your only time, will staff welcome you, or does the unit closed down at 5 p.m.? If you wish to take your partner out for a drive, what is the sign-out procedure and how do they prepare medications or snacks?

## **Pricing, contracts, and what changes your bill**

Memory care prices is rarely easy. Some communities offer complete rates, others use tiered care levels, and many layer task-based charges on top of base lease. Request for a blank contract and a sample statement that matches your loved one's profile. Then produce scenarios. If your father begins to need two-person transfers, what fee is added? If your mother establishes insulin-dependent diabetes, who handles [respite care](#) injections and at what cost? Clarify who spends for incontinence supplies, injury dressings, and transport to outdoors appointments.

Expect memory care to cost more than basic senior care assisted living, offered the staffing strength. In lots of regions, private-pay memory care varieties from the low \$5,000 s to over \$10,000 per month, with cities frequently at the top of the range. Complete sounds comforting, however validate what "all" means. Ask what would require a relocate to a higher-acuity setting. Some homes can not manage feeding tubes, sliding-scale insulin, or relentless exit seeking with aggressiveness. Naming those thresholds now spares you a crisis later.



If you anticipate a short-term need, inquire about respite care. Respite stays, frequently 14 to one month, can cost more per day, however they let you evaluate the fit and recover as a caretaker. Clarify whether respite locals receive the exact same staffing and activity access as full-time locals and how transitions to irreversible positioning work.

## **Transitions, hospitalization, and the last chapter**

No one likes to think about it throughout a tour, but you should. Health problem and decline belong to dementia. Ask how the community handles healthcare facility transfers. Do they send a staff member or a comprehensive packet with medication lists, baseline habits, and interaction requirements? The objective is to reduce delirium and avoid return visits. In some locations, on-site x-ray and laboratory services lower preventable healthcare facility trips; ask what is available.

Hospice can be a gift for late-stage dementia, including nursing, social work, spiritual care, and devices assistance. Not every dementia care neighborhood partners well with hospice. Ask the number of current residents receive hospice, where they die, and what convenience steps prevail. An excellent answer includes family existence at odd hours, familiar music, mouth look after comfort, and personnel who understand terminal restlessness. If a place sounds squeamish about this stage, think twice.

## **Special circumstances: young-onset, language, culture, and couples**

Not all dementia looks the exact same. Young-onset cases may provide with more physical strength, various behavior profiles, and social requirements that do not fit a standard bingo calendar. Ask whether they have actually cared for citizens under 65 and what they altered to support them. Language and culture likewise form every day life. If your parent speaks little English now, can the group interact basic requirements and convenience? Exist multilingual team member on every shift, not just daytime? Food, vacations, music, and faith practices should match the individual whenever possible.

Couples deal with a difficult compromise. Some neighborhoods enable a partner to survive on the dementia care unit; others keep memory care different. Inquire about mixed-level choices, such as adjacent spaces across care levels, and how pricing works for the well spouse. Clarity here conserves pain later.

## What your senses pick up: little warnings worth heeding

You will take in more than you realize throughout a walk-through. Train your senses to notice these cues:

- Staff talking over citizens or describing them as "feeders" or "two-persons"
- Long wait times after a call bell or visible uneasiness without engagement
- Strong smells that linger in numerous areas, not simply briefly in a bathroom
- A calendar full of activities that do not match what citizens are actually doing
- Defensive responses when you ask for information on falls, medication errors, or turnover

None of these alone is a deal-breaker, but taken together they sketch a pattern. A positive team answers difficult concerns without flinching and invites you back at an unannounced time to see for yourself.

## Comparing homes after several tours

After three or four tours, information blur. Make a note of observations the same day. What did personnel call residents, by name or "darling"? Did anyone inquire about your parent's life before the disease? Did a supervisor appear on the flooring and engage naturally, or just during the scripted meet-and-greet? Keep in mind sensory impressions at meals, corridor sound, and lighting. If you can, return at a various hour, such as late afternoon when sundowning can peak. A community that feels calm at 10 a.m. may run hot at 5 p.m.

Align your notes to the individual's worths. If your mother constantly kept a garden, a vibrant yard and everyday outside strolls might outweigh newer furniture. If your father treasured personal privacy, a quieter wing with smaller sized dining rooms might matter more than group activities. Rate still counts, but remember that a neighborhood that prevents one hospitalization or one major fall can offset higher month-to-month costs, both financially and emotionally.

## Questions that open doors to real answers

Well-framed questions trigger specific, genuine replies. Instead of "Do you deal with habits?", try "Inform me about a current afternoon when a resident attempted to leave. What did you try initially, and who pertained to assist?" Instead of "Is your personnel trained?", ask "What was last month's dementia training topic, and how do you assess whether it altered practice on the flooring?" Replace "Are you safe?" with "When was the last time a resident left a protected area without approval, and what changed later?"



Ask to meet the people who will matter everyday: the med tech who covers nights, the aide who floats overnight, the activities lead, and the dining manager. Supervisors wish to say yes; your loved one requires the experts who will appear at 7 p.m. On a Sunday.

## When you are still not sure, attempt a trial

If the neighborhood uses respite care, consider a short stay. 2 to four weeks can expose whether your loved one settles in, consumes, sleeps, and engages. Make it a real test: send favorite clothes, usual toiletries, and a short life story with cues that operate at home. Drop in at varied times. If the team collaborates with you during respite, long-term placement frequently feels less like a leap and more like a step.

## For household caretakers balancing home care and placement

Many households use home care as long as possible. That is a valid course, particularly with a reputable assistant and a supportive adult day program. Keep an eye on caregiver stress, night safety, and medical complexity. If you are up two times nightly, handling incontinence, and fielding daytime calls from next-door neighbors about wandering, the danger at home may now go beyond the danger of a relocation. An excellent dementia care neighborhood does not replace love; it covers expert structure around it.

Memory care within senior care campuses varies widely. Some operate as small, purpose-built areas with 12 to 20 citizens and dedicated groups. Others are systems inside larger buildings where staff float. Small can be terrific for familiarity, but it can also indicate less on-site nurses after hours. Large can bring more clinical resources and treatment services, however it runs the risk of anonymity. Match the model to your parent's needs, not to marketing language.

## The bottom line: what you are looking for

You are seeking a place that deals with dementia care as a craft developed from numerous small, repeatable acts. The ideal home answers detailed concerns without hedging, invites observation, and shows you how they adapt care to the individual when the person can not adjust to the illness. Your tour is not about capturing them out; it is about finding partners you trust with the hardest task you have actually ever had.

Keep your notes, compare them versus your loved one's values, and provide yourself time to feel the fit. The best community will make itself known in the way staff welcome residents by name, linger for one more joke at the table, and notice when someone's eyebrow furrows before distress arrives. That is the texture of great care, and you can acknowledge it when you walk through the door.



BeeHive Homes of Levelland provides assisted living care

BeeHive Homes of Levelland provides memory care services

BeeHive Homes of Levelland provides respite care services

BeeHive Homes of Levelland supports assistance with bathing and grooming

BeeHive Homes of Levelland offers private bedrooms with private bathrooms

BeeHive Homes of Levelland provides medication monitoring and documentation

BeeHive Homes of Levelland serves dietitian-approved meals

BeeHive Homes of Levelland provides housekeeping services

BeeHive Homes of Levelland provides laundry services

BeeHive Homes of Levelland offers community dining and social engagement activities

BeeHive Homes of Levelland features life enrichment activities

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

BeeHive Homes of Levelland promotes frequent physical and mental exercise opportunities

BeeHive Homes of Levelland provides a home-like residential environment

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

BeeHive Homes of Levelland assesses individual resident care needs

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

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

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

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

BeeHive Homes of Levelland has a phone number of (806) 452-5883

BeeHive Homes of Levelland has an address of 140 County Rd, Levelland, TX 79336

BeeHive Homes of Levelland has a website <https://beehivehomes.com/locations/levelland/>

BeeHive Homes of Levelland has Google Maps listing <https://maps.app.goo.gl/G3GxEhBqW7U84tqe6>

BeeHive Homes of Levelland Assisted Living has Facebook page <https://www.facebook.com/beehivelevelland>

BeeHive Homes of Levelland Assisted Living has YouTube page <https://www.youtube.com/@WelcomeHomeBeeHiveHomes>

BeeHive Homes of Levelland won Top Assisted Living Homes 2025

BeeHive Homes of Levelland earned Best Customer Service Award 2024

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

## People Also Ask about BeeHive Homes of Levelland

### What is BeeHive Homes of Levelland Living monthly room rate?

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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?

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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?

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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?

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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?

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

## Where is BeeHive Homes of Levelland located?

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BeeHive Homes of Levelland is conveniently located at 140 County Rd, Levelland, TX 79336. You can easily find directions on [Google Maps](#) or call at [\(806\) 452-5883](tel:8064525883) Monday through Sunday 9:00am to 5:00pm

## How can I contact BeeHive Homes of Levelland?

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You can contact BeeHive Homes of Levelland by phone at: [\(806\) 452-5883](tel:8064525883), visit their website at <https://beehivehomes.com/locations/levelland/>, or connect on social media via [Facebook](#) or [YouTube](#)

[Brashear Lake Park](#) offers walking paths and water views ideal for assisted living and memory care residents enjoying senior care and respite care outings.