

**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 useful and deeply emotional. You are weighing safety, medical needs, and cash, but also dignity, identity, and the texture of daily life. Households frequently tell me they wish they had a clearer roadmap before they started visiting locations and checking out glossy brochures.

What follows is a structured, real-world list constructed from years of working in senior care, listening to families, and seeing what in fact matters once somebody relocations in. Utilize it as a guide, not a stiff rulebook. Every person and every household has its own non-negotiables.

## A quick 5-step checklist at a glance

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

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

Most households return and forth in between these steps rather than following them in an ideal straight line. That is typical. The point is to keep your choice anchored in a structured procedure instead of whatever center

returns your call initially or has the shiniest lobby.

## Step 1: Clarify needs, preferences, and timing

If you skip this action, whatever else gets more difficult. You will hear sales language from assisted living communities that might or might not match what your parent or loved one really needs.

Start with function and safety, not age. 2 82-year-olds can have completely various assistance needs. One may still drive, prepare, and handle medications, while the other struggles with dressing, keeping in mind dosages, and falls.

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

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

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

It often assists to have an unbiased evaluation. This can originate from:

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

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

If your loved one has amnesia, ask straight about cognitive issues. Early dementia can appear as confusion about time, trouble managing money, or duplicated medication mistakes. Not all assisted living facilities are set up for considerable memory impairment. Some use devoted memory care systems, with locked however home-like settings and staff trained specifically in dementia.

Alongside functional needs, document preferences. These matter for quality of life:

Location: near household, familiar neighborhood, near a specific hospital.



Size: smaller, home-like structures vs big schools with more amenities. Culture: quiet and low-key vs active and social. Religious or cultural alignment. Family pets, outdoor space, privacy, going to hours.

Finally, be truthful about timing. Are you preparing ahead, or are you reacting to a crisis such as a fall or caretaker burnout in your home? If it is immediate, you might need respite care initially, then shift to long-term assisted living as soon as everyone can breathe and plan.



## **Step 2: Understand budget plan, advantages, and financial constraints**

Money shapes the realistic menu of choices. Families frequently ignore total costs, then feel blindsided later.

Assisted living is generally personal pay. Medicare normally does not cover space and board in assisted living facilities, though it might cover specific medical services offered there. Medicaid coverage varies by state and typically has waitlists, eligibility requirements, and restricted taking part facilities.

Start by clarifying:

What earnings and possessions are available month-to-month and over the next 3 to 5 years.

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

Facilities typically price estimate a base rate and after that include tiered care fees. For example, the base might consist of rent, utilities, fundamental housekeeping, and some meals. Extra costs might obtain medication management, incontinence care, extra escorts, or improved tracking at night. Two residents in the very same structure can pay really various month-to-month amounts.

Ask yourself what trade-offs you are willing to make. A center that appears pricey in the beginning glimpse may provide higher staff ratios, better nursing oversight, or a stronger track record handling complex conditions. A more affordable option that relies greatly on outside home-health agencies for even standard care can become more costly and fragmented over time.

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

## **Step 3: Construct a short, reasonable list of assisted living options**

Once you know requirements and spending plan, withstand the urge to tour every assisted living facility within 50 miles. You will burn out, and details will blur.

Start with three or 4 prospects that:

Fit within a realistic rate range, even after including most likely care fees.

Deal the level of care your loved one needs now, and potentially soon. Remain in areas that work for the relative most involved in care.

Information sources include online directories, state regulatory sites, local senior centers, physicians, and word of mouth. Beware with online reviews. Problems can reflect one unhappy household out of hundreds of locals, or they may reveal patterns such as chronic understaffing or poor food quality.

A practical filter is to take a look at whether a center is certified for assisted living only, or if it also offers memory care or proficient nursing on the exact same school. Continuing care communities can reduce transitions as needs change, however they can also have greater entrance costs and more complex contracts.

Call each center and focus not simply to the content, however to the tone and responsiveness. How quickly do they return calls? Does the person on the phone listen, or simply recite a script about facilities? The method a community manages you as a prospective resident often mirrors how they deal with families as soon as someone has actually moved in.

Ask for basic truths before arranging a tour:

Current base rates and common overall month-to-month variety for residents with similar needs.

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

If a center refuses to provide even broad rates varieties before you visit, recognize that as an information point. Openness at this phase saves everyone time.

## **Step 4: Visit, observe, and compare everyday 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 candidate. If possible, address various times of day: a weekday morning and a weekend afternoon reveal various realities. 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 switch from checking out marketing materials to using your own senses.

First, discover how you feel when you walk in. Is the environment warm and lived-in, or cold and hotel-like? Do staff welcome homeowners by name? Are residents sitting in corridors looking disengaged, or are there pockets of activity at various practical levels?

Second, watch personnel habits. Do caretakers appear rushed and stressed, or calm and attentive? Personnel turnover is a critical sign. Every building has some churn, however consistent modification can be a warning. Ask straight for how long common caregivers and nurses stay.

Third, take note of hygiene and security:

Cleanliness of typical locations and bathrooms.

Odors that might suggest poor incontinence management. Lighting, flooring, and hand rails that impact fall risk. How staff assist citizens with walkers or wheelchairs.

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

Finally, examine meals and social life. Food in elderly care is more than nutrition; it is convenience and routine. Attempt a meal if possible. Ask whether they can accommodate unique diets, such as low sodium or diabetic. Observe whether personnel in fact assist locals who need cueing or physical aid to consume, instead of leaving trays and strolling away.

Many households find it useful to bring a short list of concerns. Keep it practical and prevent being swayed only by amenities that sound good however may never ever be used.

Here is one focused list of concerns to guide your tour conversations:

1. What is the staff-to-resident ratio on days, evenings, and overnight, and how is it adjusted when requires boost?
2. How are care plans developed, who gets involved, and how typically are they upgraded?
3. How do you manage falls, unexpected illness, and modifications in condition, including when to call 911 or a relative?
4. Can you explain a typical day here for someone with my loved one's capabilities and interests?
5. How do you interact with households about issues, occurrences, or steady decline?

Write responses down. After a couple of visits, every structure's sales pitch starts to sound similar. Your notes help you compare truths, not marketing language.

## **Step 5: Examine care quality, staffing, and medical support**

The phrase "assisted living" covers a vast array of models. Some communities are heavily hospitality-focused, with gorgeous decor however minimal clinical depth. Others have strong nursing management but fewer frills. You desire the right mix for your situation.

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

Ask about:

Who is in fact delivering day-to-day care. Many hands-on jobs are done by caregivers or qualified nursing assistants, not nurses or doctors.

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

If your loved one has intricate conditions, such as cardiac arrest, COPD, insulin-dependent diabetes, or advanced dementia, you will desire a community with stronger medical abilities. This might impact expense, but it minimizes frequent medical facility journeys and unplanned moves.

Medication management systems differ extensively. Some facilities charge per medication pass, others bundle it. For individuals on numerous medications, clarify who reconciles brand-new prescriptions after hospitalizations, how they avoid duplication, and how they monitor for side effects.

Respite care can be a helpful tool throughout this phase. A short, time-limited assisted living stay lets you check how a neighborhood manages medications, behaviors, and daily routines without committing to a long-term contract. I have actually seen households discover throughout a two-week respite stay that an allegedly minor dementia concern in fact requires a memory care environment. That discovery, while tough, avoided a bad long-term placement.

Finally, inquire about end-of-life assistance. Even if it feels early, comprehending whether a facility partners well with hospice, and what homeowners can stay in place for, tells you something about their philosophy of care. A senior care company who talks conveniently and concretely about later on phases is typically more knowledgeable and realistic.

## **Step 6: Read the contract like a skeptic**

Once you have a front-runner, resist the desire to hurry through the documentation. The assisted living agreement is where expectations, rights, and duties live. Issues normally develop not from bad people, however from misconceptions buried in fine print.

Block out quiet time to read:

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

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

Pay special attention to the areas on:

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

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

It is frequently worth having actually another relied on person checked out the agreement as well. If something is unclear, ask for a plain-language description and get it in composing, even in the type of an email.

Also clarify the function of outdoors services. Many residents receive physical treatment, occupational treatment, or nursing through home-health agencies while living in assisted living. Who arranges those services? Where will they take place? How do they interact with the center about safety measures and follow-up?

If your loved one is relocating from home, inquire about how they manage the first 30 days. Some neighborhoods have casual "trial" periods or additional check-ins as the resident adjusts. Others anticipate households to supply more existence at first, specifically if there is stress and anxiety or confusion.

## **Step 7: Strategy the relocation and the first few weeks**

The shift itself can make or break the experience. You are not just changing an address; you are re-building daily life.

Involve your loved one as much as they can handle. Even somebody with moderate cognitive impairment might be able to pick favorite chairs, pictures, or bed linen to bring. Familiar products lower the shock of a new environment. Try to keep cherished possessions, such as a comfy reclining chair or quilt, even if they are not stylish.

Coordinate with the facility about:

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

Move-in scheduling to prevent excessively rushed or late-day arrivals, which can be difficult for someone with dementia. Medication handoff, including having enough dosages on hand and updated prescriptions.

For the very first few weeks, expect feelings. Homeowners may express regret, anger, or unhappiness. Caregivers in your home may feel guilt or relief, in some cases both at once. I have actually seen households translate a rough first week as a sign [elderly care](#) the positioning was a mistake, when in reality it was a typical adjustment.

Stay noticeable, however likewise provide staff space to build their own relationship. Daily visits in the beginning can comfort your loved one, but try not to intervene in every small request. Rather, utilize that initial duration to observe patterns: Is your parent dressed, groomed, and engaged? Do personnel appear to understand their regimens and quirks?

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

## Step 8: Monitor, revisit, and advocate

Choosing a facility is not a one-time choice. It is an ongoing relationship. The best outcomes take place when households remain involved, respectful, and appropriately assertive.



Keep an eye on:

Changes in appearance, weight, mood, or mobility.

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

Most assisted living neighborhoods have routine care conferences. Attend them if you can. Use those conferences to update the team on what you are seeing and what matters to your loved one. For example, if your mother is more likely to shower in the evenings since she constantly did so, share that. Small details can make care more successful.

When issues arise, start with the individual closest to the concern, such as the nurse or care supervisor, and escalate stepwise if required. Facilities generally respond much better to specific, accurate concerns than to broad accusations. "I have discovered three unopened medication packets in her space in the last month" is more actionable than "you never ever manage her medications right."

Sometimes, after all efforts, you might realize the fit is incorrect. Possibly your loved one needs a dedicated memory care unit, or a various culture, or an area closer to another family member. Moving again is difficult, however remaining in a setting that can not fulfill developing needs can be harder. Use what you have gained from the very first experience to make a more targeted option the second time.

# Balancing security, autonomy, and quality of life

The heart of assisted living is a fragile balance. You are attempting to supply sufficient assistance to be safe, without stripping away independence and significance. Too much supervision can feel infantilizing; too little can be dangerous.

In practice, the best centers treat locals as partners instead of problems to handle. They appreciate long-standing practices, even when those routines are troublesome. They comprehend that quality senior care is not practically preventing falls or handling high blood pressure, but likewise about laughter at lunch, a familiar hymn in the background, or a team member who remembers exactly how somebody takes their coffee.

As you move through this list, give equivalent weight to your head and your gut. Numbers and agreements matter. So does the subtle feeling you get when you see personnel joking gently with a resident or taking an extra minute to sit at eye level. Assisted living and elderly care are about relationships at their core. If the relationships look right, and the concrete information line up with needs and spending plan, you are likely very close to the best 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

### **What is BeeHive Homes of Andrews 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 Andrews located?**

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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?

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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](#)

Conveniently located near Beehive Homes of Andrews [Cinemark Century Odessa](#) a great movie theater with full food & drink menu. Catch a movie and enjoy some great food while you wait.