

**Business Name:** BeeHive Homes of Pagosa Springs

**Address:** 662 Park Ave, Pagosa Springs, CO 81147

**Phone:** (970-444-5515)

## BeeHive Homes of Pagosa Springs

Beehive Homes of Pagosa Springs 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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662 Park Ave, Pagosa Springs, CO 81147

### Business Hours

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

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Families hardly ever start researching senior care because they have spare time and curiosity. Many arrive in crisis or near it. A fall, a health center stay, a roaming occurrence, or an abrupt realization that the costs are not being paid. Then the vocabulary starts flying: independent living, assisted living, knowledgeable nursing, memory care, respite care. It all noises technical, yet the decisions are deeply personal.

I have sat at lots of kitchen area tables with adult children attempting to understand those words. They bring spreadsheets, guilt, old pledges about "never putting mom in a home," and a strong desire not to slip up. The reality is, there is no perfect setting. There are trade-offs, and they look various for a fiercely independent 78-year-old than they do for a frail 92-year-old with innovative dementia.

What follows is a practical guide to how independent living, assisted living, and nursing homes function in reality, how respite care suits, and what tends to work best for various levels of need. The objective is not to sell you on a specific alternative, however to help you see what these locations are really like as soon as the sales brochures are put away.

## What these terms actually mean

The senior care industry uses shorthand that puzzles households. It assists to strip it back to the basics.

Independent living is housing with facilities tailored for older grownups who are mainly self-sufficient. Consider it as an apartment or condo or home in a neighborhood where practically everyone is retired, meals and activities

are available, and somebody will examine you if you are missing at supper, but you handle your own personal care and medical needs.

Assisted living is for older adults who can no longer securely manage all day-to-day tasks alone, however do not require 24-hour medical supervision. Staff assist with bathing, dressing, medications, and sometimes movement. There is [senior living](#) generally a nurse on website, but the setting feels residential, not clinical.

Nursing homes, likewise called knowledgeable nursing facilities, provide the highest level of treatment outside a healthcare facility. Locals often have complicated medical conditions, require comprehensive support with day-to-day activities, or require rehabilitation after surgical treatment or health problem. The environment is more regulated, with licensed nursing readily available around the clock.

Respite care is short-term care in any of these settings, normally for a few days to a few weeks. It is developed to offer family caretakers a break, test-drive a neighborhood, or cover gaps during health problem, travel, or home modifications.

Within those broad classifications, quality and culture vary widely. 2 assisted living communities 3 miles apart can feel like totally various worlds. Local regulations also form what each type of community is permitted to do, specifically around medical tasks.

## Key differences at a glance

A narrative description assists, however sometimes you need a quick photo to orient you. The following contrast uses the normal model in numerous parts of the United States. Local guidelines, individual neighborhoods, and other countries can differ, so treat this as a working map, not a legal definition.

1. Independent living: Homeowners are self-sufficient, with optional support from outdoors services. Concentrate on lifestyle, socializing, and benefit instead of medical care.



2. Assisted living: Citizens need regular aid with individual care or medications however do not need continuous nursing oversight. Staff assistance every day life, and the setting aims to feel like home.
3. Nursing home: Homeowners have serious, continuous medical or functional requirements. Certified nurses are present at all times, and healthcare, rehabilitation, and supervision are central.
4. Respite care: Short-term stay, usually in assisted living or a nursing home. Supplies short-term elderly care when household support is not available or needs relief.

This structure assists you match your member of the family's needs with the best level of senior care before you get lost in sales tours.

# Independent living: Flexibility with a safety net

Independent living is often the initial step out of a long-time home. It works finest for older adults who are still handling their own medications, finances, and personal care but are tired of home upkeep or are feeling too isolated.

From the resident's viewpoint, the appeal is straightforward. No more snow shoveling, roofing system leakages, or stressing who will repair the water heater. Meals can be offered, though many residents still like to cook. There are neighbors in comparable life stages, and activities ranging from book clubs to fitness classes. Transport to medical visits is common.

The difficult part is that independent living is not a medical model. Staff are not expected to assist with bathing, toileting, or hands-on transfer assistance. They are not generally tracking blood glucose or high blood pressure. If a resident starts to fall regularly, forgets to eat, or mishandles medications, the neighborhood will typically suggest hiring in-home caregivers or relocating to assisted living.

Families often misjudge this. I have actually seen independent living houses filled with grab bars, walkers, and pill organizers, plus a resident who is clearly overwhelmed. On paper, they "live separately." In practice, their lifestyle is bad, and they are one damaged hip away from a forced move.

Independent living works well when:

- The older adult values privacy and control, and still handles everyday tasks reliably.
- There is some regional assistance, whether from household or paid services, that can action in as needs change.
- The individual is socially open sufficient to benefit from neighborhood life, or a minimum of neutral toward it.

It can be a bad fit if loneliness, medication confusion, or unsafe mobility are already major problems. Transferring to independent living because situation often purchases just a short window before another move is needed.

## Assisted living: Support for everyday life

Assisted living beings in the middle of the senior care spectrum, and for many older adults it is the sweet area. The resident has their own home or suite. They bring their furniture, photos, and favorite chair. Meals, housekeeping, and laundry are dealt with. Staff assist with individual care, and somebody is constantly close by.

At its best, assisted living protects self-respect while quietly wrapping a net around the vulnerable parts of daily routine. A resident might need help stepping in and out of the shower however can wash their own hair. Or they can dress themselves if somebody sets out the clothes. Or they are mentally sharp however physically limited by Parkinson's or serious arthritis.

Medication management is often the single essential service. In lots of assisted living neighborhoods, staff store and administer medications, track refills, and collaborate with pharmacies. For individuals handling high blood pressure tablets, blood slimmers, diabetes medications, and more, this is not a high-end. It prevents ER visits.

However, households sometimes expect assisted living to function like a mini medical facility. That is not sensible. Assisted living personnel are trained in elderly care and personal assistance, however they are not staffed like a severe care unit.

Typical limitations in assisted living consist of:

- Residents normally need to be medically stable. Serious oxygen needs, unmanaged behaviors, or rapidly altering conditions might require a greater level of care.

- Most neighborhoods can not provide continuous one-on-one guidance, such as for a resident who tries to stand and walk every few minutes in spite of extreme fall risk.
- There are generally rules around lifting and transfers. If a resident needs two staff members to transfer securely, not every assisted living website can accommodate that.

From an expense perspective, assisted living is often private pay. Month-to-month charges differ commonly by area but can range from the low thousands to well over six thousand dollars per month, depending upon house size and care level. Care charges are typically tiered: as requirements increase, so do costs.

Families should look beyond the design. Observe how staff speak to citizens in the corridors and dining room. Ask how they handle falls, how typically care strategies are reviewed, and what takes place if the resident's needs increase. Neighborhoods that respond to these concerns clearly and without deflecting provide a much better safety net over time.

## **Nursing homes: Healthcare and long-term support**

Nursing homes inhabit a challenging location in public creativity. Lots of older adults state, often securely, "I never want to wind up in a home." That fear is rooted in older models of institutional care and in really genuine stories of poor-quality centers. It is also real that for some individuals, a great competent nursing facility is the most safe, most proper option.

Nursing homes supply 24-hour nursing supervision, medication administration, injury care, feeding help, and rehab therapies such as physical, occupational, and speech treatment. Homeowners may be short-term, recovering from joint replacement, stroke, or serious infection. Or they might be long-term, living there for years with innovative dementia, serious movement limitations, or complicated medical needs.

The environment is more medical. You will see med carts, lifts, therapy health clubs, and personnel in scrubs. Regulations are stricter than in assisted living. There are care strategy meetings, regular doctor oversight, and detailed documents requirements.

From a practical perspective, someone might need a nursing home if:

- They are bedbound or require total help for mobility and individual care.
- They have frequent or intricate medical interventions: feeding tubes, IV medications, advanced injury care, or complex respiratory support.
- Their cognitive or behavioral signs need structured guidance that assisted living can not securely provide.

One subtlety many households discover the difficult method: short-term rehab stays are frequently covered for a restricted time by insurance or nationwide health systems after a certifying hospital stay, however long-term custodial care (help with bathing, dressing, toileting) is normally not covered the exact same method. Individuals lack rehabilitation days or coverage and transition to personal pay or public long-term care programs. Comprehending this monetary shift early prevents worried choices later.

Quality distinctions throughout nursing homes are stark. In some, call lights ring endlessly, homeowners sit slumped in wheelchairs, and personnel turnover is continuous. In others, staff understand homeowners by label, therapy is proactive, and households feel included. Visiting at different times of day, talking with families in the lobby, and asking staff the length of time they have actually worked there typically informs you more than any ranking website.

## **Where respite care fits in**

Respite care is among the most underused tools in senior care. It is short-term residential care that offers family caretakers a break or bridges a transition. Respite can happen in assisted living, a nursing home, or in some cases specialized short-stay units.

Typical situations:

A daughter looking after her father with mid-stage dementia needs to travel for work for a week. She organizes a 10-day respite stay in a memory-capable assisted living neighborhood. Her father gets structured activities and guidance; she gets to do her job without consistent worry.

A partner caregiver is exhausted however feels guilty admitting it. A social worker recommends a two-week respite in a skilled nursing center. Throughout that time, the spouse has their own medical appointments, captures up on sleep, and evaluates whether home care remains realistic.

An older adult is released from the health center after pneumonia. They are still weak, and the family is not sure if they can handle in the house safely. A short rehabilitation stay in a nursing home functions as respite and as a trial run. If strength returns, they can go back home or to independent living. If not, the family has more time to plan long-term arrangements.



Respite care slots can be limited, specifically during peak times like holidays. They generally require advance preparation, updated medical information, and an evaluation to validate the setting can satisfy the individual's needs. For numerous households, however, respite is the pressure valve that avoids burnout or hazardous caregiving situations.

## Daily life: What actually changes from one setting to another

Brochures tend to highlight facilities. Residents and households care more about how the day unfolds.

In independent living, mornings depend practically completely on the resident's choices. Some sleep late and drink coffee in their kitchenette. Others head directly to the dining room. Staff might sign in subtly, for instance by noting who has not come to meals, however there is no expectation that homeowners follow a specific schedule.

In assisted living, everyday rhythms are formed by care needs. Personnel create schedules for bathing help, medication rounds, and house cleaning. A resident might get assist with showering twice per week, medication administration 3 times daily, and help preparing yourself in the morning and at bedtime. Activities are provided at set times, yet residents still have liberty to select whether to join.

In nursing homes, the structure is tighter. Medication administration, treatments, and therapy sessions follow scientific routines. Meals happen on schedule, often with designated seating in dining-room or provided at the bedside. Flexibility is possible, especially in higher-quality centers, but life is more regulated merely because clinical jobs must be completed.

Families in some cases stress that structure equates to loss of autonomy. In truth, for somebody living with significant special needs, structure can feel stabilizing. The secret is whether personnel approach routines with regard and collaboration. "How would you like to start your early morning?" feels very different from "Time to get up, we need to get this done."

## **Safety, self-respect, and risk: Discovering a workable balance**

One of the hardest parts of senior care preparation is stabilizing security with autonomy. Professionals in elderly care speak about "dignity of risk" - the concept that adults deserve to make choices that include some danger, as long as they comprehend and accept the consequences.

In practice, this looks various in each setting:

In independent living, the neighborhood might highly motivate fall avoidance steps, however residents can still decrease grab bars or select to utilize a rolling office chair instead of a stable dining chair. As long as they are able to make educated decisions, their right to cope with risk is broad.

In assisted living, the lines are blurrier. Personnel are responsible for resident security, yet they are likewise anticipated to honor preferences. If a resident with a history of falls insists on strolling without a walker, the care group will likely involve the family, document the discussion, and try to negotiate. They might schedule physical therapy to examine gait or schedule supervised walks.

In nursing homes, safety issues bring even more weight since regulative analysis and liability dangers are high. That does not remove resident rights, however it narrows the range of appropriate risks. For instance, a resident who eliminates a fall alarm might still be enabled to do so, but personnel must reveal that they assessed cognition, educated the resident, and executed alternative measures.

Families typically lean heavily towards security, particularly after a scare. Older adults tend to lean toward independence, especially if they currently feel their world diminishing. The healthiest decisions generally come from honest conversations where both viewpoints are named and respected, rather than hurried choices made in the shadow of a crisis.

## **Money: How expenses and coverage actually work**

Money shapes senior care choices more than the majority of families wish to admit. It is unpleasant to put a dollar sign next to lifestyle, however ignoring expenses does not make them disappear.

Independent living is normally personal pay. Month-to-month fees vary based upon place, size of system, and consisted of services. Energies, meals, housekeeping, and social programs are typically bundled. Medical insurance hardly ever covers this setting since it is thought about housing, not medical care.

Assisted living is likewise usually personal pay, with some local exceptions for minimal public financing programs. Base lease covers the apartment and fundamental services. Care charges are added based upon an assessment of requirements, like support with bathing, dressing, or medication management. As needs grow, regular monthly expenses often increase.

Nursing homes are more complicated. Short-term competent rehabilitation after a health center stay may be partially or completely covered for a specified period, if particular criteria are fulfilled. Long-term residence for custodial care is various. Coverage depends heavily on country and local policies, however many individuals either pay independently till they qualify for public long-term care programs, or they count on a mix of personal funds and public aids from the start.

Respite care can be personal pay or funded by caretaker support programs, long-term care insurance, or regional social services. Coverage rules vary commonly. Numerous households presume respite is covered, just to discover that advantages are limited or require preauthorization.

A frank early conversation with a financial coordinator, elder law attorney, or social worker who understands local benefits saves heartbreak later. Good planning considers not only month-to-month costs, but likewise what takes place if the older adult lives longer than expected, becomes widowed, or requires to relocate to a higher level of care.

## **How health modifications press the requirement to step up care**

People rarely move directly from independent living to a nursing home without something altering. Patterns generally emerge.

For example, memory decrease starts as small lapses: misplaced keys, a missed out on visit. Then costs pile up, home appliances are left on, driving becomes doubtful. At first, in-home assistance can compensate. With time, the danger of leaving the stove on or wandering at night may make assisted living with memory care a much better option.

Mobility problems follow another path. An individual with arthritis may stroll more slowly, but safely, for many years. Add a stroke or a hip fracture, and unexpectedly transfers, toileting, and bathing need two individuals and unique devices. At that point, assisted living might no longer be able to satisfy transfer requirements, and a nursing home becomes the safer choice.

Chronic diseases can tip the balance too. Someone with cardiac arrest and diabetes may handle well in independent or assisted living for a long period of time with excellent outpatient care. A number of hospitalizations in a year, getting worse shortness of breath, or repeated medication changes may signal that closer scientific oversight is required.

Families frequently feel guilty when health modifications force a move. They view it as a failure to honor guarantees or to "keep mom in your home." A more precise frame is that the person's requirements evolved, and the care environment needed to evolve with them. That is not a broken guarantee. It is responsible adaptation.

## **Questions to ask when you tour a community**

When you walk into a senior community, it is easy to be swayed by chandeliers or, on the other side, by a faint disinfectant smell. Particular concerns grounded in how care works will inform you far more.

1. What happens if my family member's requirements increase? Can they stay here, or would they have to move?
2. How do you manage falls, medical emergencies, and medical facility transfers during nights and weekends?
3. Who gives medications, how are modifications communicated, and how do you decrease errors?
4. How do you identify and react to loneliness, seclusion, or depression among residents?

5. Can you explain a recent tough situation with a resident and how your team fixed it?

Ask personnel for concrete examples and listen closely to how they discuss citizens. Do they utilize respectful language? Do they know citizens' stories? Do they describe families as partners or as obstacles?

After the tour, trust your quieter impressions too. How did citizens look and sound? Did staff seem hurried or present? Did anyone talk straight to the older adult you are supporting, or did they only deal with you?

## Matching the person to the place

Choosing among independent living, assisted living, nursing homes, and respite care is less about labels and more about fit.

A 79-year-old retired teacher who still drives, volunteers, and handles her own medications might prosper in independent living, acquiring friends and dropping the problems of home ownership. A 90-year-old widower with moderate dementia, unstable walking, and weight-loss might gain back stability in assisted living, with consistent meals, social contact, and cueing for health and medications. A 75-year-old stroke survivor who is incapacitated on one side and has a feeding tube will likely be most safe in a nursing home with round-the-clock nursing and rehabilitation.

Senior care choices work best when they start early, before a devastating event. Even one exploratory tour of a community before it is urgently needed modifications the tone later on. The older grownup has a possibility to state, "I liked that location with the garden," or "I will never live somewhere that smells like bleach," and those choices can guide the household when crisis comes.

No setting can eliminate the vulnerabilities that age and illness bring. The real objective is more modest and more meaningful: pick a place that supports as much independence as is securely possible, protects from avoidable harm, and permits the older adult to stay an individual with a history and a voice, not simply a list of diagnoses and tasks.

Independent living, assisted living, nursing homes, and respite care are tools. Used attentively, each can supply comfort, security, and self-respect at various points along the aging journey. The obstacle is not to select the best tool at last, however to keep changing the fit as life unfolds.

BeeHive Homes of Pagosa Springs provides assisted living care

BeeHive Homes of Pagosa Springs provides memory care services

BeeHive Homes of Pagosa Springs provides respite care services

BeeHive Homes of Pagosa Springs supports assistance with bathing and grooming

BeeHive Homes of Pagosa Springs offers private bedrooms with private bathrooms

BeeHive Homes of Pagosa Springs provides medication monitoring and documentation

BeeHive Homes of Pagosa Springs serves dietitian-approved meals

BeeHive Homes of Pagosa Springs provides housekeeping services

BeeHive Homes of Pagosa Springs provides laundry services

BeeHive Homes of Pagosa Springs offers community dining and social engagement activities

BeeHive Homes of Pagosa Springs features life enrichment activities

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

BeeHive Homes of Pagosa Springs promotes frequent physical and mental exercise opportunities

BeeHive Homes of Pagosa Springs provides a home-like residential environment

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

BeeHive Homes of Pagosa Springs assesses individual resident care needs

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

BeeHive Homes of Pagosa Springs assists qualified veterans with Aid and Attendance benefits

BeeHive Homes of Pagosa Springs encourages meaningful resident-to-staff relationships

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

BeeHive Homes of Pagosa Springs has a phone number of (970-444-5515)

BeeHive Homes of Pagosa Springs has an address of 662 Park Ave, Pagosa Springs, CO 81147

BeeHive Homes of Pagosa Springs has a website <https://beehivehomes.com/locations/pagosa-springs/>

BeeHive Homes of Pagosa Springs has Google Maps listing <https://maps.app.goo.gl/G6UUrXn2KHfc84929>

BeeHive Homes of Pagosa Haven Assisted Living has Facebook page <https://www.facebook.com/beehivepagosa/>

BeeHive Homes of Pagosa Haven Assisted Living has YouTube page <https://www.youtube.com/channel/UCNFwLedvRjtXl2I5QCQj3A>

BeeHive Homes of Pagosa Springs won Top Assisted Living Homes 2025

BeeHive Homes of Pagosa Springs earned Best Customer Service Award 2024

BeeHive Homes of Pagosa Springs placed 1st for Senior Living Communities 2025

## People Also Ask about BeeHive Homes of Pagosa Springs

### How much does assisted living cost at BeeHive Homes of Pagosa Springs?

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The monthly cost of assisted living at BeeHive Homes of Pagosa Springs depends on the individual care needs of each resident. Before move-in, we complete a personalized assessment to better understand the level of assistance needed with medications, mobility, personal care, and other daily activities. This helps us recommend an appropriate care plan and provide families with clear information about pricing before making a decision.

### Can residents remain at BeeHive Homes as their care needs change?

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In many cases, yes. Our goal is to help residents remain in the familiar home and relationships they have grown comfortable with as their needs change. Care plans can be adjusted when additional assistance is appropriate. There may be situations, however, when a resident's medical or safety needs require a level of skilled nursing or specialized care that cannot be provided within an assisted living setting. Our team works with families to discuss changes and help determine the safest next step.

### Is a nurse available at BeeHive Homes of Pagosa Springs?

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BeeHive Homes of Pagosa Springs provides caregiver support 24 hours a day and works with consulting nursing support. When additional nursing, therapy, or home health services are medically appropriate, a physician may

order qualified outside providers to deliver those services in the home. Families are encouraged to discuss a loved one's specific medical and care needs with our team during the assessment process.

## **Can family and friends visit residents at BeeHive Homes of Pagosa Springs?**

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Absolutely. Staying connected with family and friends is an important part of feeling at home, and loved ones are encouraged to remain involved in residents' lives. Visiting arrangements should respect each resident's preferences, routines, meals, and rest periods. Because circumstances and visiting guidelines can occasionally change, families can contact BeeHive Homes of Pagosa Springs directly for the most current visiting information.

## **Are rooms available for couples at BeeHive Homes of Pagosa Springs?**

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Couples may be able to live together at BeeHive Homes of Pagosa Springs depending on current room availability and the individual care needs of both residents. We understand how important it can be for spouses to remain together as they age, so we encourage families to contact us to discuss available accommodations and determine what arrangement may work best.

## **What services are included with assisted living at BeeHive Homes of Pagosa Springs?**

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Residents enjoy private bedrooms with private bathrooms, home-cooked meals, 24-hour caregiver support, medication assistance, housekeeping and laundry services, help with bathing and other activities of daily living, and opportunities for social activities and daily engagement. The home also offers comfortable shared living spaces and outdoor areas that encourage residents to relax, connect, and enjoy everyday life in a smaller residential setting.

## **Does BeeHive Homes of Pagosa Springs offer respite care or short-term stays?**

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Yes. BeeHive Homes of Pagosa Springs offers Respite Care for seniors who need temporary support. A short-term stay may be helpful following an illness or surgery, while a family caregiver travels or takes a needed break, or during another temporary change at home. Respite residents can enjoy a furnished room, home-cooked meals,

caregiver support, activities, and companionship during their stay. Availability and individual care needs are reviewed before admission.

## How can I schedule a tour of BeeHive Homes of Pagosa Springs?

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The best way to understand the BeeHive difference is to experience the home in person. During a tour, families can see our private rooms and shared living spaces, meet members of the team, learn about meals and activities, and ask questions about Assisted Living or Respite Care. Call (970) 444-5515 or request information through our website to schedule a visit to BeeHive Homes of Pagosa Springs at 662 Park Ave., Pagosa Springs, Colorado.

## Where is BeeHive Homes of Pagosa Springs located?

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BeeHive Homes of Pagosa Springs is conveniently located at 662 Park Ave, Pagosa Springs, CO 81147. You can easily find directions on [Google Maps](#) or call at [\(970-444-5515\)](#) Monday through Friday 9:00am to 5:00pm

## How can I contact BeeHive Homes of Pagosa Springs?

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You can contact BeeHive Homes of Pagosa Springs by phone at: [\(970-444-5515\)](#), visit their website at <https://beehivehomes.com/locations/pagosa-springs/>, or connect on social media via [Facebook](#) or [YouTube](#)

Visiting the [Yamaguchi Park](#) provides a calm setting for elderly care residents participating in assisted living or respite care visits.