

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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Caregiving usually begins with a simple promise. You tell your mom you will help with groceries for a while. You move your spouse's pillbox closer to the bed and set reminders on your phone. Then a fall happens, or the memory lapses move from misplacing keys to leaving the stove on. What felt temporary starts to consume evenings, then weekends, then everything. You love the person you are caring for. You also feel stretched thin, more than you expected, and the guilt of even acknowledging that can be heavy.

Respite care exists for this space between love and exhaustion. It offers relief without requiring a permanent change, and it can be a smart way to test whether additional support, like in-home help or assisted living, will actually improve life for everyone. I have sat at kitchen tables with families staring at the same decision. There is no one right answer, but there is a process that makes the next step clearer and safer.

Why burnout sneaks up on good caregivers

Burnout rarely arrives with a dramatic announcement. It leaks in as sleep gets interrupted, shoulders carry more lifting than they should, and your own medical appointments get postponed. Caregivers often downplay the strain, in part because they compare themselves to someone "who has it worse." That comparison is useless. The meaningful metric is whether your current routine is sustainable for the next three to six months without risking harm to the person you love or to you.

Watch for patterns that are easy to dismiss in the moment: recurring back pain after transfers, resentment when the phone rings at night, brain fog at work, snapping at siblings who offer vague help but none of the hard stuff. I have seen caregivers end up in the hospital themselves with dehydration or blood pressure spikes. Once that happens, the choices narrow, and urgency replaces thoughtful planning. Respite care acts like a pressure relief valve, so you can reset before the crisis stage.

What respite care really means

Respite simply means temporary relief. The format spans a wide range:

- In-home respite: an aide or nurse comes to the home for a few hours to several days, covering personal care, meals, companionship, and short breaks for errands or sleep.
- Adult day programs: structured daytime care outside the home, typically 4 to 8 hours, with activities, meals, supervision, and transportation options.

- Residential respite: a short stay in assisted living or memory care, usually 3 to 30 days, with 24-hour support and full integration into the community's daily routine.

The right format depends on what is driving your stress. If nighttime wandering ruins your sleep, overnight in-home coverage can transform things within a week. If isolation is the biggest issue for your father with early dementia, a day program can restore social rhythm. If you need to travel or your loved one's needs have surpassed what you can safely manage, a residential respite stay in assisted living or memory care can keep everything stable while you regroup.

The honest inventory: what you manage now, and what you can no longer do safely

Before you decide on respite, write down, in plain terms, the help your person needs. Morning to night. Be brutally specific. "Help with bathing" means what, exactly, and how long? "Medication management" means which pills, at what times, and what happens when they are missed? Do not skip the unglamorous tasks like laundry, briefs changes, cleaning up after accidents.

I ask families to mark three columns: tasks you can do without strain, tasks you can do but that cost you, and tasks you cannot do safely. Transfers from bed to chair often move quickly into the third column, especially after a fall. Lifts into the car are another. When caregivers own the reality of those third-column tasks, it points naturally to either in-home help with specific hours or to a more comprehensive level of support found in assisted living.

Cost matters too, but it is not as simple as "home is cheaper." Private in-home care rates range widely by region. In some areas, you might pay 28 to 40 dollars per hour for a certified aide, with a higher rate for nights and weekends. Live-in arrangements can flatten hourly costs but still add up to several thousand dollars per month. Assisted living usually charges a base rent plus a level-of-care fee. For basic support, monthly totals might be in the low to mid-thousands. With higher care needs or memory care, the range often sits higher. Insurance coverage varies, and Medicare generally does not pay for long-term custodial care. Those realities influence but should not dominate the safety conversation.

How in-home respite works when it works well

Done well, in-home respite preserves the person's routines and comforts while supporting the caregiver where strain is highest. The agency sends an aide for a set schedule. You can start small, like three afternoons a week, and build from there. For couples, this arrangement often means the healthy spouse finally leaves the house for a guilt-free lunch, a nap, or a haircut.

I encourage families to plan the first two weeks carefully. Introduce the aide slowly. Stay home the first visit. Let your loved one see you treat the helper as part of the team. Provide a written care sheet with exact meal preferences, mobility notes, and calming techniques that work during agitation. For people living with dementia, consistent faces help, so avoid rotating staff if possible. Agencies will promise "best match," but speak up early if the fit feels wrong. Rapport is not a luxury, it is the primary ingredient of success.

In-home care has limits. If your dad is up every hour from midnight to 5 a.m., and you only pay for daytime, you will still be exhausted. If two people are needed for safe transfers, your one aide will need a second set of hands or mechanical equipment and training. If medical complexity grows, home may mean bringing in a patchwork of services, which can work but requires coordination, and you often become the coordinator.



When assisted living or memory care becomes the kinder option

Families sometimes fear that choosing assisted living or memory care means giving up or breaking a promise. The promise most people make is to ensure safety and dignity, not to single-handedly provide every minute of care, regardless of what it costs the body and the family. Assisted living communities are built for the tasks that feel heavy in the home. They have 24-hour staffing, medication management systems, call bells, and bathrooms designed for grab bars and roll-in showers. Meals arrive hot, housekeeping just happens, and social events do not require a car trip or you as the social director.

Memory care units add a secure environment for people with dementia who wander or who need more structured cues to navigate the day. The lighting, signage, and routine are deliberate. Activities often focus on preserved abilities, not losses. For a caregiver who has spent months panicking each time the back door opens, the first full night of sleep after a respite stay in memory care can feel like a miracle. I have watched spouses weep from relief, then show up the next afternoon ready to be a loving partner again instead of a worn-down guard.

The trade-offs are real. Moving, even temporarily, disrupts familiarity. Some people decline with change, especially if they have advanced dementia. That is why a short respite stay can be a useful test. You see how your loved one tolerates the environment, you monitor weight, mood, and behavior, and you discover whether the staff understands the little things that matter, like the exact way to fold a sweat jacket or the preferred seat by the window. If the stay goes well, you suddenly have a viable long-term plan. If it does not, you have information without committing to a permanent move.

A caregiver's story that rings true

A son I worked with cared for his mother who had mid-stage Alzheimer's and severe arthritis. He set alarms through the night, then drove her to adult day three times a week, then rushed to work. He was late, always apologizing. When I met him, he looked 10 years older than his age. We started with in-home respite two mornings a week, focused on bathing and a proper breakfast. He used that time to sleep. The change was obvious in a month. But nighttime wandering worsened, and he began to fear falling asleep.

He [BeeHive Homes Of Andrews respite care](#) tried a 14-day respite stay in memory care. He visited daily. She adjusted by the fifth day, drawn to music hours and the sheer relief of not climbing stairs. He slept through the night for the first time in a year. By day 10, he said aloud what had felt unsayable: she seemed calmer there. He felt more like her son during visits than a tired taskmaster. They decided to extend the stay and then transitioned to a permanent move. He kept bringing her favorite cardigan and lemon cookies. He also went back to a full workday, and his blood pressure returned to normal. No heroics, just the right setting for the needs at hand.

What to expect from a residential respite stay

Residential respite in assisted living or memory care usually requires a current medical assessment, a list of medications, and a TB or chest screening. Some communities offer furnished respite apartments. Others will ask you to bring clothing, toiletries, and familiar items. Pricing may be nightly or weekly, often with a minimum stay. A medication reconciliation is standard. Be sure to pack extra supplies and clarify who handles refills if the stay extends.

The first 48 hours set the tone. Share a one-page bio: favorite foods, sleep habits, music, family names, pet history, and soothing strategies when anxious. Staff love this because it shortcuts the trial-and-error period. Visit, but do not hover. If the person has dementia, short and predictable visits often work better than long and irregular ones. Ask the director for a quick email or phone check at the end of day two with specific updates: appetite, engagement, incontinence, mood, and any new behaviors.

The concern you cannot ignore is delirium risk if your loved one has complex medical issues or is very old and frail. Even a move across town can trigger confusion. Hydration, pain control, and hearing and vision supports reduce that risk. Bring the hearing aids and batteries, glasses with a hard case, and clearly labeled denture cups. Remove tripping hazards from clothing like long bathrobes. Keep the environment as familiar as possible within the constraints of a new space.

Comparing the paths without sugarcoating

Families ask for a simple comparison, so here is the short version, boiled down from many cases I have seen.

- In-home respite preserves routines and keeps medical providers unchanged. It works best when you can target the toughest hours. It falters when needs require two caregivers at once or when safety is compromised by the home's layout.

- Adult day programs add social structure and give the caregiver a predictable block of time. Transportation can be a hurdle. The day feels long at first but often becomes the anchor of the week.
- Assisted living and memory care concentrate expertise and remove the physical burden of caregiving from the family while maintaining emotional closeness through visits. They can feel expensive and emotionally loaded, but the total value includes safety, sleep, and relationship repair.

None of these options is perfect. You are choosing trade-offs. Aim for the one that reduces the most dangerous stressors with the least disruption, then measure the results and adjust.

How to talk about respite without starting a fight

The conversation often goes sideways when it begins with “You need to move” or “I can’t do this anymore.” Those statements are true and important, but they trigger defensiveness. If your loved one can still discuss options, frame respite as a trial that honors autonomy. Ask for their input on what a good day looks like and who they trust. In dementia, keep the focus on comfort and safety. Avoid arguing about memory gaps. The goal is not to win a debate, it is to build a bridge to the next safe step.



With siblings, clarity prevents resentment. Share the care inventory you wrote. If a brother criticizes your choices, hand him a weekend shift with written tasks rather than defending yourself. People see complexity when they touch it. If the family can afford it, agree together on a budget for paid support. Money fights are common not because people are greedy, but because costs feel abstract until they are sudden. Make them concrete early.

What quality looks like, whether at home or in a community

Quality care has signs you can spot without a medical degree. At home, a good aide arrives on time, washes hands without prompting, speaks directly to the person receiving care rather than around them, and leaves a simple note about intake, output, mood, and activities. They respect routines and gently suggest improvements. They catch small changes, like swelling in ankles or a new cough, and report them promptly.

In assisted living or memory care, quality shows up in how staff greet residents by name, how quickly call lights are answered, and how mealtimes feel. Watch a dining room for 10 minutes. Do people receive help discreetly? Are tablemates engaged, or do trays sit untouched? Look at activity calendars, then drop in to see if the event actually happened. Smell matters. Occasional odors are normal in care environments, but persistent smells point to staffing or process problems. Ask about staffing ratios, night coverage, and how new hires are trained on dementia behaviors if that is relevant.

Paying for respite without getting lost

Funding is rarely straightforward. Medicare covers short-term skilled care after a qualifying hospital stay, not ongoing custodial care, and only under specific conditions. Long-term care insurance sometimes includes a respite benefit, often up to a set number of days per year. Veterans and their surviving spouses may qualify for programs that offset costs. Medicaid has home- and community-based services waivers in many states, though waitlists exist. Private pay is common, and while that is daunting, a blended approach can stretch dollars: day programs plus limited in-home respite, or a few respite days each month in a community to stabilize routines.



Get written estimates. Ask agencies and communities to detail what is included and what is not. A lower base rate with many add-ons may end up higher than an all-inclusive model. Beware of minimum hour requirements for in-home shifts and of “community fees” in assisted living. Read the medication management policy, because missed doses and refills can create hidden costs and health setbacks.

When to shift from respite to a longer-term arrangement

Think in checkpoints, not forever. After two weeks of in-home respite, are you sleeping better, and has your back pain improved? Has your loved one’s weight stabilized? Have falls or near-falls decreased? If the answer is no, more of the same will not suddenly work. If a residential respite stay leads to calmer days, consistent medication adherence, and a better mood, that pattern is telling you something. Many caregivers realize that their visits become richer when they are not consumed by tasks. The person in care often softens too, relieved by the predictable rhythm.

The tipping point for a permanent move typically involves one of three triggers: safety events that you cannot mitigate in the home without major renovation, medical complexity that outpaces home services, or caregiver health that has eroded to the point of risk. When any of those are true, you are not failing. You are recognizing that the setting needs to do more of the work.

A simple, practical decision path

If you feel stuck, use a short series of steps. Keep it flexible, but hold yourself to a timeline so decision fatigue does not stall you.

- Name the top three stressors you face each week, in order of danger or drain.
- Match each stressor to a respite format that directly addresses it, then trial that support for a defined period, like two to four weeks.
- Measure concrete outcomes: sleep hours, falls, med adherence, mood. Write them down.
- If outcomes improve, extend or formalize the support. If not, escalate to the next level, such as shifting from in-home hours to a short residential respite stay.
- Reassess monthly, not yearly. Needs change fast. Your plan should change with them.

Holding on to the relationship at the center of all this

The point of respite is not only to prevent caregiver collapse. It is to preserve the relationship that existed before disease rearranged the furniture of your life. When someone else handles bathing, you can sit and look at old photos. When pills are on track and meals are consistent, conversations get gentler. When you are rested, you laugh again. That is not sentimental. It is the core return on investing in help.

Assisted living and memory care are not perfect, but they are tools. In-home respite is not always enough, but it is often the right first step. The best plan usually mixes formats over time. Start sooner than feels comfortable. Trial small changes. Believe the data you collect. Keep promises to protect safety and dignity, and let go of the promise to do everything with your own hands.

Caregiving was never meant to be a solo performance. Respite care, whether at home or in a community setting, turns it back into a team effort. And that, more than anything, is how you carry love the long distance.

- 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

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](tel:(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:(432)217-0123), visit their website at <https://beehivehomes.com/locations/andrews/>, or connect on social media via [Facebook](#) or [YouTube](#)

[Florey Park](#) provides shaded seating and open areas ideal for assisted living and memory care residents during senior care and respite care visits.