

Business Name: BeeHive Homes of Taylorsville

Address: 164 Industrial Dr, Taylorsville, KY 40071

Phone: (502) 416-0110

BeeHive Homes of Taylorsville

BeeHive Homes of Taylorsville, nestled in the picturesque Kentucky farmlands southeast of Louisville, is a warm and welcoming assisted living community where seniors thrive. We offer personalized care tailored to each resident's needs, assisting with daily activities like bathing, dressing, medication management, and meal preparation. Our compassionate caregivers are available 24/7, ensuring a safe, comfortable, and home-like setting. At BeeHive, we foster a sense of community while honoring independence and dignity, with engaging activities and individual attention that make every day feel like home.

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164 Industrial Dr, Taylorsville, KY 40071

Business Hours

- Monday thru Sunday: Open 24 hours

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Families hardly ever tour an assisted living neighborhood because life is going efficiently. More often, something has actually slipped: a medication mix-up, a fall throughout a nighttime restroom journey, a pot left on the range. By the time individuals begin comparing senior care alternatives, they have actually already seen how delicate everyday routines can become.

Over the years I have actually watched both large and small communities handle these issues. The distinction in how they manage medications and activities of daily living, or ADLs, is rarely about better furnishings or a larger lobby. It has to do with whether personnel actually know each resident, notification tiny changes, and have adequate time and structure to act on what they see.

Small assisted living neighborhoods are not ideal, and they are wrong for every single individual. But when it comes to handling medications and ADLs safely and gracefully, they often have quiet advantages that households do not see on a brochure.

What "small" truly implies in assisted living

When I state small, I am discussing neighborhoods that house roughly 6 to 40 homeowners, not 80 to 200. In many states these are called residential care homes, board and care homes, or group homes. Some are regular homes that have been converted and certified for elderly care; others are purpose-built but still intimate.

Daily life in these settings feels different the moment you stroll in. You hear personnel usage first names without glancing at charts. You may see the very same caretaker who assisted with breakfast likewise assisting with medication pointers and the afternoon shower. The structure may not have a cinema or a beauty parlor, but you can normally discover the nurse or administrator within a couple of steps.

That scale affects whatever about medication management and ADL support.

The core difficulty: accuracy and pattern recognition

Managing medications and ADLs is not just a checklist exercise. It is a pattern recognition problem.

For medications, the threats are subtle. A missed blood pressure tablet might appear like a little extra fatigue. An unexpected double dose of insulin can end up being a medical emergency situation. The genuine ability depends on spotting small changes in hunger, mood, gait, or sleep that mean a medication concern before it escalates.

The same holds true for ADLs. An individual who unexpectedly has a hard time to button a shirt or gets confused in the shower may be dealing with pain, infection, dehydration, negative effects of a new drug, or cognitive decrease that has actually advanced. If nobody notices for a week, one bad night can cause a fall, a hospitalization, and a permanent loss of independence.

Small assisted living communities have two structural advantages here: staff attention per resident and continuity of relationships.

More eyes on fewer residents

In a normal small community, frontline caretakers are responsible for a modest group, typically 4 to 8 homeowners per shift, sometimes fewer in higher-acuity homes. In numerous bigger assisted living settings, those ratios can climb much greater, particularly on evenings and nights.

That difference modifications how care is delivered.

In smaller settings, caregivers are simply closer to the rhythm of each resident's day. If Mrs. Alvarez normally eats her whole omelet and unexpectedly leaves half untouched, the employee who serves breakfast is most likely the exact same one who manages her morning medication pass. They see the modification and can instantly ask: Did a tablet feel stuck? Any nausea? Did you sleep inadequately? That real-time loop is hard to replicate in a larger structure where departments are separated and staff rotate through wider zones.

This nearness shows up strongly around ADLs. When a caregiver helps someone dress, they feel stiffness in the shoulders that was not there last week. When they assist with bathing, they may see a new bruise, a skin tear, or swelling around the ankles. Since the team is small and familiar, the caretaker is not handing off that observation to three other people; they are often informing the nurse or med tech straight, within minutes.

Over time, small discrepancies get dealt with early, rather than awaiting a quarterly care strategy conference while issues collect silently.

Medication management in a small community: what is different

Most states hold small and large assisted living neighborhoods to the same standard medication standards. Both should track [assisted living](#) meds, follow doctor orders, and document administration. The real difference comes in how those rules get lived out hour by hour.

Tighter medication regimens and fewer handoffs

In small homes, the very same person or small team typically handles the medication pass for all residents on a shift. There are less handoffs between med techs, and far less opportunities for "I thought you gave it" confusion.

Medication carts are simpler. You do not see 3 long corridors and 40 med drawers. You see a locked cabinet or a modest cart that holds medications for a handful of individuals who are frequently sitting right in front of you at the dining room table.

Because of the scale, lots of small communities can arrange medication times around the resident, not just the staffing grid. If Mr. Greene gets nauseated when he takes his morning medications on an empty stomach, the group can quickly move his medications to line up with his breakfast practice, rather than forcing him into a stiff building-wide death schedule.

Better positioning between medications and everyday life

It is something to check out that a medication needs to be taken with food. It is another to stand at the counter and view whether a resident in fact swallows it while eating.

I have seen caretakers in small homes instinctively weave medication checks into the flow of the day. They will set a cup of water by a resident's favorite recliner 15 minutes before the afternoon dosage is due, then sit and chat while they verify the tablets are taken. If there is a "PRN" medication purchased as required for pain or anxiety, they typically know exactly how often it is truly required because they have a feel for that resident's standard mood and pain level.

That much deeper standard knowledge is critical for older adults who see numerous doctors. Many homeowners show up with complex regimens: a medical care physician, a cardiologist, a neurologist, in some cases a pain expert. Each may change a couple of prescriptions, and without close observation, side effects blur into each other. In a small setting, it is far more most likely that the very same caregiver notifications that the new sleep medication has coincided with more daytime falls or that the dose increase has made somebody withdrawn.

When those patterns appear, a nurse or administrator can call the prescriber with concrete, day-by-day observations rather than vague concerns. That typically causes more accurate changes and less unneeded drugs.

Fewer missed doses and errors

No setting is immune to errors, but small communities generally have 3 practical safeguards:

1. Staff who understand citizens by sight and character, so it is more difficult to misidentify someone or forget their preferences.
2. Slower, more focused med passes, because there are less individuals to serve in a brief window.
3. Less turnover in the med-administration function, so regimens end up being 2nd nature.

I keep in mind a resident in a 10-bed home who had an aesthetically similar bottle of vitamin D and a heart medication. Throughout a weekly internal audit, the supervisor saw the capacity for confusion and separated the bottles, upgraded labeling, and retrained the staff. In a building with 100 locals and dozens of medications per cart, capturing a small threat like that is much harder.

Families often worry that a smaller operation indicates less structure. In well-run homes, the opposite holds true: application of the guidelines is tighter due to the fact that the team is small enough to hold each other accountable.

ADL assistance: where small homes quietly shine

ADLs consist of bathing, dressing, grooming, toileting, moving, and consuming. When individuals tour communities, they typically ask, "Do you help with showers?" or "Will somebody aid Mom to the bathroom during the night?" That is just half the story. How the assistance is provided matters just as much.



Care that moves at the resident's pace

In a bigger structure, shower slots can seem like airport boarding groups: everybody slotted into a tight schedule so the staff can get through the list. That can deal with paper but often causes rushed, impersonal take care of homeowners who move slowly, are nervous in the bathroom, or have actually dementia.

In smaller settings, there is more authentic versatility. If Mrs. Lin will only shower after her early morning tea and Chinese news program, personnel can normally appreciate that. If Mr. Rozier needs a quick sit-down in between putting on pants and socks due to the fact that of cardiac arrest, the caregiver can enable it without derailing a 30-person schedule.

This pacing makes a substantial difference in self-respect. People feel less like tasks to be completed and more like grownups being supported.

Fewer complete strangers, more trust

ADLs are intimate. Showering and toileting include vulnerability even when somebody is fully healthy. When cognitive decline gets in the image, unknown faces can turn routine assistance into a struggle.



Small assisted living homes typically have a core group that homeowners see daily. The same caregiver who assists with breakfast often helps with toileting, transfers, and night regimens. This consistency matters especially in dementia care and respite care, where someone might only be staying a couple of weeks and has little time to adjust.

I have watched homeowners who were identified "resistant to care" in bigger facilities end up being cooperative in a small home once a consistent assistant discovered the ideal approach. Often it was as easy as singing a preferred hymn throughout a shower or putting the towel on the resident's lap for modesty. One caregiver in a six-bed home understood that Mr. Cline would only permit shaving if his grand son's photo was set on the bathroom counter first. Those individualized tricks nearly never appear in a policy handbook, they emerge from duplicated, calm contact.

Early detection of decline

ADLs are the canary in the coal mine for health changes. A resident who can all of a sudden no longer stand from a toilet without aid may be developing brand-new weakness, experiencing a medication effect, or starting a new phase of cognitive decline.

In small neighborhoods, personnel usually discover within a day or more when somebody's capabilities shift. They might mention, "She is needing more cues for shampooing," or "He is holding onto the rails more and recoiling when he enters the tub." That kind of concrete observation permits the nurse to reassess, involve physical therapy, or demand a medical examination before a fall or injury occurs.

In a busier, larger setting, incremental declines can blend into the background noise of numerous homeowners requiring assistance at once. Issues frequently get flagged only after an event, not before.

The household side: interaction and partnership

Families who have been through a crisis understand that medication and ADL management do not stop at the center door. Adult children often hold medical power of lawyer, track specialist appointments, and function as historians for complicated health issue. In senior care, whatever works better when personnel and family move in the very same direction.

Smaller assisted living homes are often quicker to communicate informal, low-level modifications: a minor cravings dip, new sleep patterns, small confusion, or a resident beginning to require suggestions to use the walker. Due to the fact that there are less residents, staff can fairly call or text families when something seems "off," rather than waiting on regular care strategy meetings.



I have sat at cooking area tables in care homes where a child and the administrator expanded pill bottles, printed medication lists, and a hand-drawn weekly schedule to figure out duplications after a hospitalization. That kind of collaboration is practical due to the fact that you are dealing with 10 or 20 homeowners, not 150.

For families using respite care, where a loved one stays in assisted living for a brief duration to offer the main caregiver a break, these communication habits are important. A two-week stay can expose a lot: whether Mom actually can manage her own medications at home, whether Dad's nighttime wandering is more severe than it looked, whether a break from caregiver stress improves the resident's mood. Small neighborhoods generally have the time and intimacy to report back in helpful detail, not simply "Everything was fine."

Trade offs and when a larger neighborhood might still be better

It would be misleading to recommend that small assisted living neighborhoods are constantly remarkable. There are trade-offs worth weighing.

Larger neighborhoods might use onsite therapy gyms, more robust transportation schedules, more leisure shows, and in many cases stronger 24-hour clinical staffing, particularly in settings connected with health systems. For a very clinically complicated resident who needs regular on-site nursing interventions, or for someone who flourishes on a hectic social calendar with lots of activity alternatives, a larger building can be a much better fit.

Small homes can vary commonly in quality. A 10-bed home with strong management, stable personnel, and clear processes can outshine a fancy school. A similar-looking house with poor oversight can quickly become unsafe. Since small settings are more individual, character clashes can feel enhanced. If a resident does not fit together with a small peer group, there is less chance to find their "tribe" than in a bigger community.

Smaller homes may likewise have limitations on what they can securely manage. Some can not take residents who need mechanical lifts for transfers, who roam extensively, or who have unmanaged psychiatric conditions. They might likewise have less redundancy if a crucial employee is out sick.

The key is matching the resident's requirements and choices with the strengths of the setting, then confirming that assured practices actually occur.

Questions families ought to ask about medications and ADLs

When you tour a small assisted living community, it can help to bring concentrated concerns. A short, targeted checklist keeps the discussion anchored in what actually affects security and quality of life.

Here is one set of questions worth asking about medication management:

1. Who really offers or oversees medications everyday, and how are they trained?
2. How lots of citizens does that individual manage per shift?
3. How do you deal with new prescriptions, discontinued medications, or healthcare facility discharge orders?
4. What is your procedure if a dosage is missed, declined, or vomited?
5. How frequently do you examine each resident's complete medication list with a nurse or pharmacist?

And for ADL support:

1. How lots of locals is each caregiver accountable for on day, evening, and night shifts?
2. Are the exact same people normally aiding with bathing, dressing, and toileting, or does it alter frequently?
3. How do you adapt regimens for homeowners with dementia or stress and anxiety about bathing?
4. What is your procedure when somebody begins to need more assistance than before with an ADL?
5. How quickly can you call household if you see a concerning change in function?

Listening to how personnel answer matters as much as the material. Clear, concrete explanations are a good sign. Vague peace of minds without specifics are not.

Signs that a small community is managing meds and ADLs well

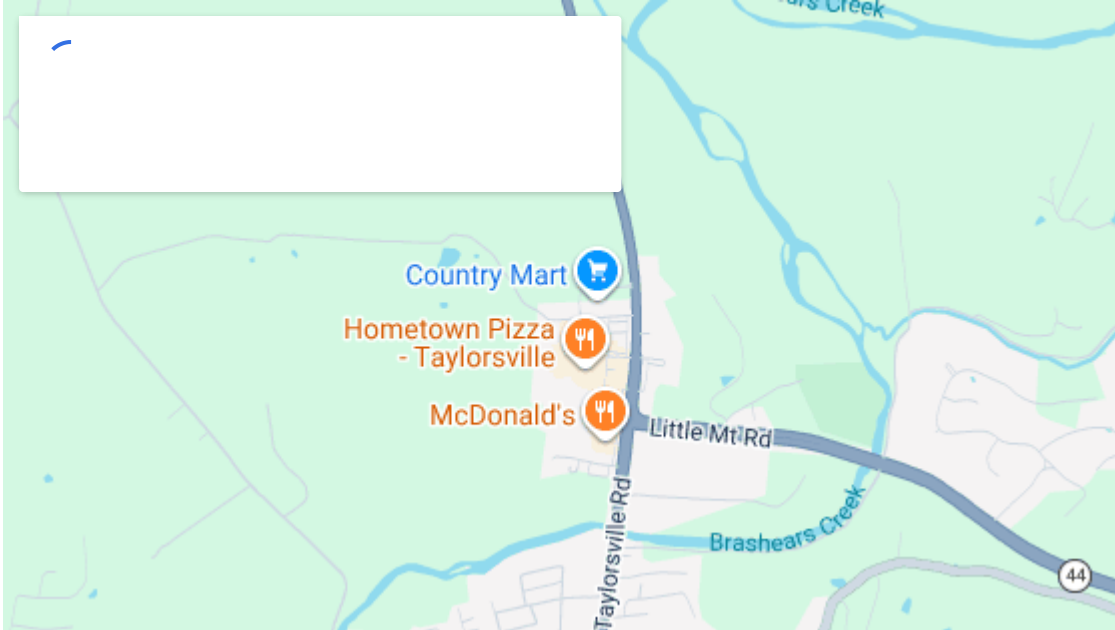
You can frequently identify strong medication and ADL practices through observation during a visit.

Residents appear clean, appropriately dressed for the weather condition, and groomed in a manner that fits their character. Clothes is not constantly mismatched or stained. You may see caretakers quietly providing hints rather than taking over jobs that locals can still start by themselves, like placing a shirt in somebody's hands instead of dressing them completely.

Look at how staff talk to citizens. Do they utilize calm, considerate tones? Do they discuss what they are doing before helping with personal care? When you see medication time, is it orderly and calm, with personnel monitoring identity and noting any hesitations?

Pay attention to little information. A caretaker who notifications that Mrs. Patel always takes tablets more quickly with warm tea instead of cold water is most likely paying similar attention to lots of other preferences that make care much safer and kinder.

If you have approval, ask the administrator to walk through a recent medication modification example, from physician's order to real implementation. Their ability to explain each step, including double-checks and documents, tells you whether the system lives just on paper or in daily practice.



Using respite care to "check drive" a small community

Respite care can be an exceptional method to assess how a small assisted living home manages medications and ADLs without devoting to an irreversible move. A stay of one to four weeks offers personnel time to learn your loved one's patterns and provides you a window into how they operate.

During respite, notification whether the neighborhood demands up-to-date medication lists, clarifies complicated prescriptions, and reports back any changes they see. Ask how your relative endured showers, transfers, and toileting. Did staff identify any security issues in your home that you had missed, such as regular nighttime restroom trips or unsteadiness when standing?

Families frequently come away from respite with one of 2 awareness. Either they feel confirmed that their loved one can securely stay at home with some additional assistance, or they see clearly that the structure and caution of a small neighborhood provide a level of elderly care that is challenging to match at home.

Both outcomes are useful. The point is not to hurry a long-term move, however to ground choices in actual experience, not guesswork.

Bringing all of it together

Medication and ADL management are where abstract guarantees of "quality senior care" satisfy the reality of tablets, baths, and bathroom journeys at 2 a.m. The quieter, less flashy strengths of small assisted living neighborhoods appear precisely there, in the details of how personnel know and react to each resident's everyday rhythm.

Smaller settings tend to use closer observation, more connection of caregivers, and more versatility to tailor routines around the individual rather than the building. That combination typically leads to earlier detection of health modifications, fewer medication mistakes, and a gentler, more considerate approach to intimate individual care.

That does not mean every small home is exceptional or that larger neighborhoods can not offer exceptional care. It suggests households examining elderly care choices need to look beyond the size of the dining room and ask comprehensive questions about who is viewing, who is discovering, and how rapidly the group acts when something changes.

When you find a small assisted living neighborhood where the answers are concrete, the personnel steady, and the residents unwinded and well participated in, you are frequently looking at a place where medications are not just given and ADLs are not simply completed, however where both are woven into an every day life that feels safe, human, and dignified.

BeeHive Homes of Taylorsville provides assisted living care

BeeHive Homes of Taylorsville provides memory care services

BeeHive Homes of Taylorsville provides respite care services

BeeHive Homes of Taylorsville supports assistance with bathing and grooming

BeeHive Homes of Taylorsville offers private bedrooms with private bathrooms

BeeHive Homes of Taylorsville provides medication monitoring and documentation

BeeHive Homes of Taylorsville serves dietitian-approved meals

BeeHive Homes of Taylorsville provides housekeeping services

BeeHive Homes of Taylorsville provides laundry services

BeeHive Homes of Taylorsville offers community dining and social engagement activities

BeeHive Homes of Taylorsville features life enrichment activities

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

BeeHive Homes of Taylorsville promotes frequent physical and mental exercise opportunities

BeeHive Homes of Taylorsville provides a home-like residential environment

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

BeeHive Homes of Taylorsville assesses individual resident care needs

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

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

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

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

BeeHive Homes of Taylorsville has a phone number of (502) 416-0110

BeeHive Homes of Taylorsville has an address of 164 Industrial Dr, Taylorsville, KY 40071

BeeHive Homes of Taylorsville has a website <https://beehivehomes.com/locations/taylorsville>

BeeHive Homes of Taylorsville has Google Maps listing <https://maps.app.goo.gl/cVPc5intnXgrmjJU8>

BeeHive Homes of Taylorsville has Facebook page <https://www.facebook.com/BHTaylorsville>

BeeHive Homes of Taylorsville has an Instagram page <https://www.instagram.com/beehivehomesoftaylorsville/>

BeeHive Homes of Taylorsville won Top Assisted Living Homes 2025

BeeHive Homes of Taylorsville earned Best Customer Service Award 2024

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

People Also Ask about BeeHive Homes of Taylorsville

What is BeeHive Homes of Taylorsville Living monthly room rate?

The rate depends on the bedroom size selection. The studio bedroom monthly rate starts at \$4,350. The one bedroom apartment monthly rate is \$5,200. If you or your loved one have a significant other you would like to share your space with, there is an additional \$2,000 per month. There is a one time community fee of \$1,500 that

covers all the expenses to renovate a studio or suite when someone leaves our home. This fee is non-refundable once the resident moves in, and there are no additional costs or fees. We also offer short-term respite care at a cost of \$150 per day

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 we do have physician's who can come to the home and act as one's primary care doctor. They are then available by phone 24/7 should an urgent medical need arise

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 Taylorsville located?

BeeHive Homes of Taylorsville is conveniently located at 164 Industrial Dr, Taylorsville, KY 40071. You can easily find directions on [Google Maps](#) or call at (502) 416-0110 Monday through Sunday Open 24 hours

How can I contact BeeHive Homes of Taylorsville?

You can contact BeeHive Homes of Taylorsville by phone at: [\(502\) 416-0110](tel:5024160110), visit their website at <https://beehivehomes.com/locations/taylorsville>, or connect on social media via [Facebook](#) or [Instagram](#)

Residents may take a trip to [Snappy Tomato Pizza](#) . Snappy Tomato Pizza offers familiar comfort food that makes dining out enjoyable for residents in assisted living, memory care, senior care, elderly care, and respite care.