

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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When families very first walk into a smaller senior care home, they often look surprised. They anticipate something that seems like a mini health center. Rather, they find a routine home, slippers by the door, the smell of soup on the stove, and homeowners chatting at a table that seats 8 rather of eighty.

I have enjoyed that minute change individuals's thinking. Families show up trying to find a place that can keep a loved one safe. They leave recognizing they might have discovered a place where that loved one can still live, not simply be cared for.

Smaller homes can be an option to large assisted living neighborhoods, to conventional nursing homes, and in some cases even to remaining at home with cobbled-together support. Done well, they provide older grownups a mix of independence, regular, and personalized daily living assistance that is hard to reproduce elsewhere.

This is not magic. It is a set of useful choices about size, staffing, and viewpoint that plays out minute by minute: assist with dressing that appreciates modesty and speed, a favorite tea made properly, a walk outside when someone feels uneasy rather of another hour in front of the television. Those information matter more than any brochure language about "person-centered care."



What smaller senior care homes truly are

Families use numerous expressions for these settings: residential care homes, board-and-care, care cottages, small-group assisted living. The terminology differs by state and country, but the core concept corresponds.

A smaller senior care home usually implies:

- An accredited home with a small number of citizens, typically varying from 4 to 16, residing in a house-like environment.

That is the first list.

These homes usually supply assisted living level services: help with personal care, medication management, meals, housekeeping, and coordination with outside healthcare. They are part of the more comprehensive senior care landscape, together with bigger assisted living neighborhoods, nursing homes, and at home elderly care.

Where they vary is scale and atmosphere. Rather of long passages and several dining-room, you see a regular living-room with familiar furniture, a kitchen that smells like real cooking, and bed rooms that look like bed rooms, not medical facility rooms. Personnel are typically called by first names, and homeowners are too. Shift changes are quieter, documentation is less noticeable, and routines bend more easily around individual habits.

Not every smaller home offers the exact same level of care. Some operate almost like independent living with light support, others deal with sophisticated dementia, oxygen management, or complex medication schedules. That is why labels alone are inadequate. The real question is what daily living support they can provide, and how that support is woven into the rhythm of the day.

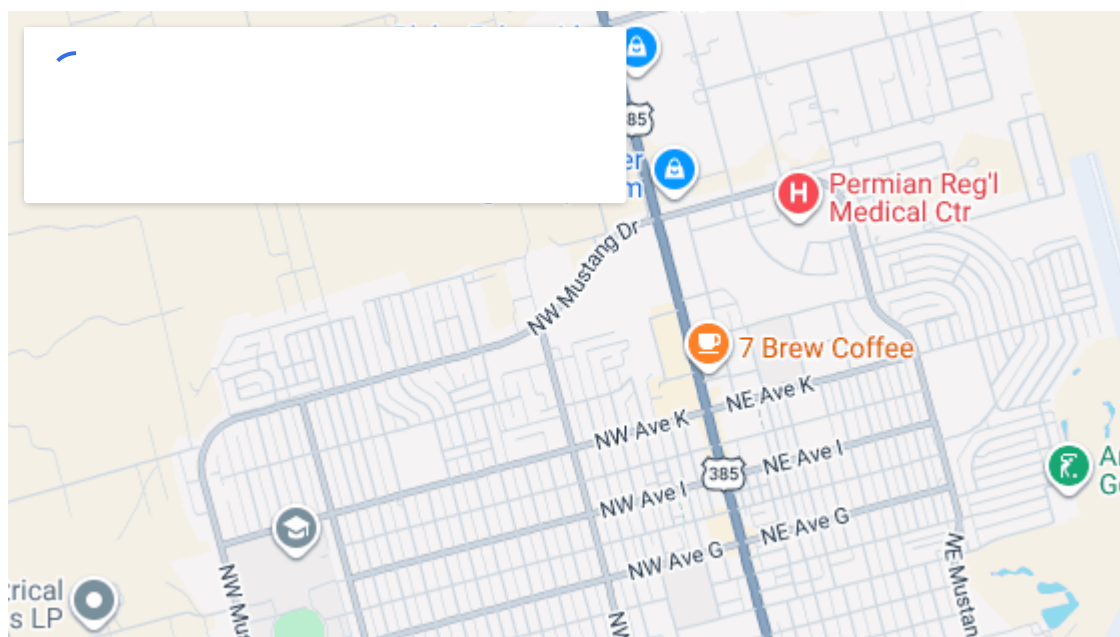
Independence and daily living: more than slogans

Families typically state, "We want Mom to stay independent as long as possible." The problem is that independence looks very different at 75 than at 92, and different again when someone is coping with Parkinson's or moderate dementia.



Professionally, we break daily function into 2 groups.

Activities of daily living (ADLs) consist of bathing, dressing, grooming, eating, toileting, and transferring, such as moving from bed to chair. Instrumental activities of daily living (IADLs) include tasks like cooking, handling medications, paying bills, housekeeping, and using transportation.



Independence does not indicate doing whatever alone. It suggests having the ability to get involved meaningfully in your own life, with the ideal level of support. An individual who can no longer securely step into a tub might still select their own clothing, comb their hair, and choose whether they prefer a morning or night shower. That is self-reliance, even if a caretaker is standing by.

Smaller senior care homes, at their best, stand out at this subtlety. With less citizens and a more home-like structure, personnel can change help to the precise point where it is needed. Rather of "shower days" determined by a center schedule, a resident might be asked, "Are you feeling up to a shower today, or would you choose this evening after supper?" Instead of a fixed dining hall menu, staff might observe that someone has hardly touched breakfast for three days and ask, "Would toast and peanut butter sit much better than eggs today?"

Those small options support identity and autonomy. In time, they shape how someone feels about themselves: an individual still making decisions, not an item being managed.

How smaller homes boost independence

The advantages of smaller senior care homes are manual. They depend upon leadership, staffing, and training. When those align, numerous advantages tend to emerge.

Familiar scale and predictable faces

Human beings orient themselves in area and relationship. Environments that are modest in size, with clear lines of sight, are much easier to navigate for older grownups, specifically those with moderate cognitive impairment or visual difficulties. In smaller homes, the path from bed room to restroom to kitchen area is brief and rapidly familiar. Residents typically discover who lives where, who sits at which chair, and who generally aids with what.

Because there are less locals, personnel turnover is quickly discovered. That can be a weak point if turnover is high, but when management buys retention, the outcome is a core team of caretakers who actually know each resident. Mrs. Thompson is calmer after her tea. Mr. Patel chooses his afternoon nap in the recliner chair, not the bed. These information build up into trust. When citizens trust caregivers, they are more going to try jobs themselves with a bit of support, instead of preventing them out of fear or confusion.

A different type of staffing pattern

In big assisted living structures, staffing is often organized by corridors or floorings. Caretakers might be responsible for 12 to 20 locals each. In smaller homes, the ratio is generally lower, and the roles are less segmented. The same person who assists someone dress may also serve them breakfast, notice that they are strolling more gradually, and later mention it to the nurse.

That connection matters for independence. Instead of stepping in just when jobs stop working, personnel can expect problems and adjust support. A caregiver may see that a resident is taking longer to button t-shirts but still wants to try. They can recommend loose, front-opening tops, set up the shirt on a flat surface area, and after that go back. The resident finishes the task with dignity, not frustration.

From a practical standpoint, I often see smaller homes "catch" functional decrease previously. A caregiver who sees early morning routines every day notifications when a resident starts leaning on the sink to stand up, or when it takes two times as long to connect shoes. Early acknowledgment implies physical therapy or mobility aids can be introduced before a fall, which preserves both security and confidence.

Flexibility in daily routines

In standard centers, schedules exist partly to manage intricacy: so many homeowners, numerous tasks. Meals, baths, group activities, and medication rounds cluster around set times. For some individuals, this structure works well. Others feel pressed into a rhythm that does not match their long-lasting habits.

Smaller senior care homes can often bend their routines more easily. If a night owl chooses breakfast at 10:00 instead of 8:00, it is usually possible without disrupting a whole wing. If a resident likes to shower every other day rather of on "Monday, Wednesday, Friday," the team can adapt. That versatility supports independence by letting people live closer to their natural patterns.

One of my favorite examples involves a retired baker who had actually always woken up around 4:30 in the morning. When he moved into a small home, the personnel concurred that as long as it was safe, he could keep that routine. They pre-set the coffee maker and placed his preferred mug on the counter. He did not bake at that hour any longer, however the peaceful time in the dim kitchen with a warm mug in his hands felt like continuity with the life he had built.

Social life without overwhelm

Social contact is essential in elderly care. Isolation accelerates cognitive decline and depression. Large assisted living communities typically advertise their activity calendars, and for some residents, that variety is precisely best. For others, particularly those with hearing loss, anxiety, or dementia, huge group events feel more like noise than connection.

Smaller homes use a different model. Conversations normally unfold among a handful of people: 3 homeowners and a caretaker at the table, two people folding laundry together, someone chatting with a visitor in the garden. These settings make it simpler for quieter residents to take part. Personnel can customize activities in the minute: turning a basic task like snapping green beans into a shared activity, or inviting somebody to assist set the table rather than putting them in a bingo video game they never liked.

It is independence of personality, not just function. People can stay introverted or social, talkative or reserved, and still be woven into day-to-day life.

Comparing smaller homes, large assisted living, and remaining at home

Families often feel they must pick between remaining at home with assistance, moving to a big assisted living facility, or transitioning to a smaller care home. Each option has strengths and trade-offs, and the right option depends on the person's needs, personality, financial resources, and support network.

Here is a basic method to think of it:

- Home with services: Makes the most of control over environment and routines. Functions finest when the home is safe to navigate, family or friends can fill gaps between expert visits, and the person can tolerate durations alone. Cost can be surprisingly high when care requires method 24 hours.
- Large assisted living: Deals features, activity variety, and a social "school." Finest matched to more independent elders who delight in groups, can adjust to structured schedules, and do not require heavy individually aid. Typically a great match early in the aging journey.
- Smaller senior care homes: Supply close guidance and hands-on help in an unwinded, residential setting. Normally work best for those who require consistent help with ADLs, take advantage of a quieter environment, or feel overwhelmed in huge buildings. Might be more inexpensive than personal 24-hour home care, however less adjustable than living at home.

That is the second and last list.

Respite care can suit any of these classifications. Some smaller homes accept short-term stays, offering family caretakers a break. A week or more of respite can also function as a "trial run," letting [BeeHive Homes Of Andrews assisted living andrews tx](#) everybody see how the environment affects mood, movement, and engagement before making longer-term decisions.

Daily living support in practice

When examining senior care alternatives, households frequently hear general statements: "We assist with all activities of daily living," or "Detailed assistance with individual care." Those expressions do not record what the care seems like from the resident's perspective.

In a smaller care home, a typical morning may look like this. A caregiver knocks, waits on a reaction, then gets in and greets the resident by name. They ask how the night went and listen to the answer. Together they decide whether today is a shower day or a quick wash-up. The caretaker lays out 2 clothing that match the weather

condition and asks which is chosen. If arthritis has stiffened the resident's hands, the caretaker might direct their arms into sleeves while allowing them to pull the shirt down themselves.

Medication support is woven in. Tablets are not tossed into tiny paper cups and lined up on carts in a corridor. Instead, a team member brings the medication to the resident, describes what each is for if the resident wants to know, uses a favored drink, and waits long enough to ensure everything is in fact swallowed. For somebody with memory issues, that perseverance can avoid missed out on doses.

Mobility support frequently gains from the home-like scale. The distance from bed room to bathroom may be just far adequate to count as mild workout, with a caretaker strolling alongside. If somebody is unstable, personnel can encourage the use of a walker without turning every transfer into a crisis. They are not watching twenty residents at once, so they can take those additional moments at the start of motion, which is when most falls can be prevented.

Meals in a smaller home tend to resemble family-style dining. Options are often more versatile than they appear on a written menu, due to the fact that the individual cooking is typically the one serving. A resident who enjoyed spicy food throughout life must not suddenly have everything dull "for simpleness." With a bit of attention to dietary constraints and chewing capability, favorites can generally be maintained in some type. That protects satisfaction, which in turn supports appetite, weight, and strength.

Housekeeping and laundry end up being opportunities, not just jobs. Many citizens want to assist fold towels, match socks, or dust their own night table. In a large facility, such participation can be hard to supervise securely. In a small home, a caregiver can stand nearby, chat, and gently adjust the work based upon fatigue.

Coordination with outside health care is also part of daily living assistance. Transport to doctor visits, sharing updates with families, and tracking modifications in behavior or appetite all affect independence. I have actually seen smaller homes where caregivers routinely sign up with telehealth visits with the resident, adding useful details that the resident may forget. "She is walking a bit slower this month, and we observed more difficulty when she gets up from a low chair." That information can prompt timely physical treatment or medication changes, preventing crises that might require an undesirable move.

Respite care, when provided in these homes, follows similar regimens but over a much shorter duration. It permits both the resident and the household to experience how these supports affect every day life. Often, households are amazed to see improvement in function. With constant, unrushed aid, somebody who was "too tired" to shower securely in your home may manage it regularly again, simply since they feel less hurried and less anxious.

When a smaller home is not the right fit

No single senior care option fits everybody. Smaller homes, for all their benefits, are not perfect in every situation.

Residents who need intensive treatment beyond the scope of assisted living, such as ventilator support, complex wound care, or regular IV treatments, are typically much better served in a competent nursing facility or hospital-based program. Some smaller homes partner with home health firms, but there are limits to what can safely be handled in a residential setting.

Behavioral difficulties can likewise be hard. An individual with serious aggression, wandering that withstands all intervention, or substantial exit-seeking habits might require an extremely protected environment with specialized staffing. While some smaller homes are created particularly for sophisticated dementia, others are not physically established for consistent redirection and threat management.

Cost is another element. Per-day rates for smaller homes are frequently competitive with bigger assisted living facilities, sometimes lower. Nevertheless, the complete nature of the pricing, while practical, can restrict versatility. In some areas, Medicaid or public financing is less offered for small residential choices than for larger organizations, narrowing access.

Personal choice matters also. Some older grownups like energy, range, and structured programs. For them, a huge assisted living neighborhood with regular occasions, an on-site fitness center, or a busy lobby may feel more interesting. A quiet bungalow with eight locals, however well run, might feel too small.

The key is to match the setting not simply to functional requirements, however also to personality and values. A shy individual who has constantly preferred a tight circle of relationships might grow in a smaller care home. A long-lasting extrovert who arranged community gatherings may choose a bigger environment, even if it means sacrificing some versatility around routine.

How to examine a smaller senior care home

When households tour smaller homes, the experience can be stealthily enjoyable. The scale feels comfortable, the staff appear friendly, and it smells like dinner. To move previous first impressions, concentrate on what life will look like.

During visits, take note of who is in common locations and what they are doing. Are citizens participated in small conversations, viewing tv with interest, or sleeping in wheelchairs? Do staff address citizens by name and at eye level, or from a distance while multitasking? Observe how someone who is puzzled or distressed is treated. Calm redirection and mild description suggest training and patience.

Ask particular questions. How many residents are here, and how many personnel are on duty throughout days, evenings, and nights? Who prepares meals, and how versatile are they with preferences and cultural foods? Can homeowners choose their own waking and sleeping times? How are modifications in health interacted to households? If the home provides respite care, ask how brief stays are integrated into the daily routine.

It is also worth asking caregivers themselves for how long they have actually worked there and what they like about the task. People who feel reputable and heard are more likely to remain, lowering turnover. Continuity is one of the greatest indicators that a home can support independence in time, not simply supply fundamental elderly care.

Regulatory history matters too. Search for inspection reports where possible and ask how any noted shortages were remedied. No setting is best, but a pattern of the exact same issues duplicating across years is a warning sign.

Keeping identity at the center

The best smaller senior care homes deal with independence as more than physical ability. They secure identity: who someone has been, what they value, what they still want to contribute.

For one resident, that might indicate listening to symphonic music each early morning while checking out the newspaper, even if a caretaker now needs to hold the paper in location. For another, it may mean continuing to practice a faith tradition, with staff advising them of service times or arranging transportation. For another person, it could be as easy as protecting a long-standing habit of calling a brother or sister every Sunday evening.

Families play a vital function in this. The more information staff have about life history, choices, worries, and practices, the much better they can customize daily living assistance. I often encourage households to compose a brief "about me" document: preferred foods, former tasks, essential relationships, pastimes, and regimens. In a small home, staff are really likely to check out and use it.

When senior care is arranged this way, self-reliance does not vanish as requirements grow. It moves, from doing tasks alone to directing how those tasks are done. A resident may no longer cook the meal, however they can pick what is on the plate. They might not manage their own medications, but they can decide to discuss adverse effects with their doctor. That sense of company is what sustains dignity.

Bringing it back to what matters

At its heart, the choice of a smaller senior care home is about how somebody will live each day, not just where they will sleep. It is about whether a person will feel understood when they get up confused, whether a caretaker will bear in mind that they like sugar in their tea, whether there is time in the schedule for a sluggish walk on a good-weather afternoon.



Smaller homes can not fix every problem in aging, and they are not universally the very best choice. Yet when they are attentively run, with stable staff and real attention to everyday living assistance, they provide something numerous families crave: a setting that can keep a loved one safe without removing the patterns and choices that make that individual who they are.

For older grownups who require assisted living or respite care, and for households stabilizing security, independence, and emotion, these homes can bridge the gap between "in your home" and "in a facility." They show that senior care does not have to feel institutional. It can feel like life continuing, with help, in a smaller and more manageable frame.

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.