

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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Families generally begin looking at assisted living when life in the house has tipped from "manageable with a bit of help" to "somebody could get hurt if we keep going like this." That shift is psychological, not simply logistical. You are not purchasing an item, you are attempting to secure both safety and dignity.

Most individuals picture assisted living as a large building with a lobby, an activity calendar posted by the elevator, and long corridors of similar doors. Those neighborhoods can [assisted living BeeHive Homes Of Andrews](#) work well for lots of older adults. Yet over the last 10 to twenty years, a quieter choice has actually grown: small, family-style elderly care homes running in residential communities, typically with 4 to 10 residents.

Having worked with households placing loved ones in both designs, I have seen the exact same concern shown up once again and once again: does a small, family-style setting actually make a distinction, or is it just a marketing phrase?

The brief answer is that it can make an extensive distinction, but only when the home is well run and the match is right. The information matter. Let us go through those details with real-world texture rather than slogans.

What "family-style" in fact indicates in assisted living

"Family-style" gets utilized so typically in senior care marketing that it risks losing meaning. In a strong small home, it normally points to 3 attributes that alter the day to day experience for residents.

First, scale. Instead of 80 to 120 homeowners, you may have 6 or 8. That alone shifts almost whatever: how meals work, how personnel interact, how rapidly someone is observed if they look unhealthy, and how versatile the routine can be.

Second, environment. These homes are frequently regular homes that have actually been adjusted for elderly care. Believe single story or with a stair lift, wide doorways, grab bars, and an accessible bathroom, however still a front deck and a yard. Citizens stroll into a living room, not a lobby.



Third, culture. The better small homes operate more like a big prolonged household than a facility. Staff often cook in the exact same kitchen, share meals at the very same table, and develop long-term relationships with locals and households. I have seen caretakers who know exactly how Mr. Alvarez likes his coffee and which gospel tune will calm Ms. Johnson during sundowning, without checking a chart.

Of course, "family-style" can likewise be utilized to gloss over a lack of expert structure. When you tour any small elderly care home, you ought to feel both the heat of family and the backbone of a real assisted living operation: clear care strategies, medication management, and accountability.

A day in a small elderly care home

It is much easier to understand the family-style distinction if you visualize a real day.

Morning does not begin with a loud overhead statement at 7:00 a.m. Citizens typically wake on their own rhythms. One person may be assisted up at 6:30 because he always liked an early start. Another may sleep until 8:30. Care personnel work through the house, knocking softly on doors, assisting with bathing, brushing teeth, and dressing in familiar clothing from each resident's own closet.

Breakfast often smells like home. Bacon, oatmeal, or eggs cooking in the kitchen finish the spaces. Homeowners wander towards the dining table or, if required, are wheeled there. No one is swiping meal cards or standing in buffet lines. Staff understand who prefers a small portion and who will request seconds.

Late morning might involve simple activities: a puzzle at the kitchen area table, folding towels, tending plants, or sitting on the porch if the weather condition works together. In larger assisted living communities, activities can feel more structured and in some cases theatrical, which some citizens take pleasure in. In small homes, engagement looks more like daily life. The caregiver might do a light exercise regimen with 2 people in the living room, while another resident sees the birds through the window and comments on each one.

Afternoons frequently decrease, and that is by design. Lots of older adults have restricted endurance. After lunch, several residents nap in their own rooms. Personnel utilize this time for peaceful care jobs: refilling products,

completing documents, and getting ready for the night. If somebody wakes confused or distressed, they are not roaming down a long corridor to find aid. They open their door and they are almost immediately visible to staff.

Dinner may be a shared meal with a visiting relative bring up a chair. In good homes, staff include locals in small, meaningful contributions: stirring a bowl, picking which veggies to serve, or setting spoons on the table. Those are not just "activities" but ways to maintain autonomy.

At night, the family-style distinction becomes especially tangible. In bigger neighborhoods, staffing frequently drops and caregivers cover a whole wing. In a small care home with, state, 6 locals, it is possible to have one or two staff on task who can hear somebody call out. Nighttime bathroom journeys are shorter and safer, since the distance from bed to bathroom is actually a few actions, and assistance is close.

Daily life in these homes can feel less like an arranged program and more like life unfolding in a safe, gently structured household.

Assisted living: small vs large communities

Families in some cases frame the option as "intimate care vs more services," and there is some reality because. The compromise is not absolute, however, and great small homes increasingly use robust services.

Here is a basic comparison that reflects what I have observed throughout lots of placements:

- **Environment:** Small homes feel residential, with familiar furniture and home-style cooking areas. Larger assisted living communities feel more like a hotel or campus, with public areas and clear separation in between "personnel" and "citizens."
- **Relationships:** In a small home, homeowners and caretakers typically understand each other deeply. Turnover still takes place, but connection is stronger. In big neighborhoods, homeowners might interact with a lot more individuals, which can be stimulating for some and overwhelming for others.
- **Flexibility:** Small homes can change regimens rapidly. If a resident starts sleeping later on, personnel simply adapt. In larger settings, change in some cases moves slower since policies need to work for dozens of residents at once.
- **Amenities:** Big communities generally win on amenities: fitness rooms, beauty salons, multiple activity areas. Small homes normally focus on core assisted living and elderly care services rather than extras.
- **Clinical depth:** Some large assisted living schools have nurses on website 24/7 and therapy clinics within the building. Small homes differ extensively. Some agreement with home health and hospice to bring services on site; others rely primarily on caretakers and off-site medical visits.

The right choice depends less on abstract features and more on the specific individual. An extremely social 78-year-old who likes events may grow in a larger senior care community. An 89-year-old with moderate dementia who gets anxious in crowds might settle wonderfully into a quieter, small elderly care home.

Safety, staffing, and real-world risk

No household wants to discover that "home-like" means "casual" in the incorrect methods. Quality small homes integrate heat with rigorous attention to safety, staffing, and care protocols.

Staffing ratios are an excellent starting point, but they are not the whole story. In a small home, a seemingly low ratio like one caregiver for every single 3 or 4 citizens can be effective since presence is so high. An employee seated at the kitchen table can see down the corridor and into the living location at the same time. There are less blind areas. If a resident starts to stand from a chair unsteadily, aid is only a few steps away.

In contrast, a huge structure could have a strong ratio on paper but still struggle with postponed action times if caretakers are spread out across long corridors or several floors. I remember one family who moved their father from a large assisted living building to a 7-bed home after duplicated falls in his restroom that no one heard. In the smaller home, merely having the bathroom 10 feet from the typical location, with staff near, cut his falls dramatically.

Medication management is often tighter in well-run small homes because only a handful of homeowners are on the schedule. The caretaker or med tech understands precisely who takes what at 8 a.m., 2 p.m., and bedtime. Mistakes can still occur, which is why you must always ask to see the medication administration procedure throughout a tour. But the intimacy can work in favor of safety.

Of course, small size does not immediately equivalent safe. Warning consist of:

Caregivers seeming rushed due to the fact that someone is covering too many residents, specifically during peak times like mornings.

Lack of clear paperwork about care strategies, falls, or modifications in condition.

No noticeable system for medication tracking, such as a MAR (medication administration record) or blister packs.

Strong small homes frequently work carefully with going to nurses, doctors, home health, and hospice companies. They might schedule regular visits on site to handle chronic conditions, review medications, and display skin integrity or weight. This hybrid model, mixing assisted living assistance with external scientific services, can work well and keep homeowners stable longer.

The psychological reality: belonging vs institutional feel

On paper, families analyze costs, care levels, and personnel qualifications. In practice, the emotional "fit" typically determines whether a positioning thrives.

Many older grownups who resisted conventional assisted living have actually accepted a transfer to a small elderly care home since it feels like a house, not a facility. They can sit at the kitchen area counter and chat while somebody cooks. They can enter the backyard and smell genuine yard. The visual hints state "home," not "organization," which reduces the psychological blow of leaving one's own residence.

That stated, not everyone wants a small, tight-knit environment. Some citizens prefer the privacy of a bigger senior care community, where they can join activities when they pick and pull back to their apartment or condo without feeling observed. In a small home, personal privacy should be safeguarded intentionally, because the scale welcomes constant interaction. Try to find homes that:

Respect closed doors as personal space unless there is a security concern.

Offer small nooks or quiet locations where a resident can read, listen to music, or view a program without constant chatter.

Balance family-style meals with versatility, such as enabling a resident to consume in their room sometimes when they feel unwell or just tired.

The emotional tone of the home frequently reflects the leadership. If the owner or manager speaks respectfully of citizens, focuses on their strengths, and coaches personnel to do the same, you typically feel that in the environment nearly immediately.

Respite care in a small home: a trial run that matters

One of the hidden strengths of small assisted living homes is how well they can supply respite take care of brief stays. Family caretakers typically strike a point where they need a week or two to recover, take a trip, or address their own health. A small home can use a short-term bed, with complete elderly care services, without the overwhelm of a large building.

Short-term respite remains serve 2 purposes. First, they offer the main caretaker a real break, which can hold off permanent placement and reduce burnout. Second, they work as a low-stakes trial for the older grownup. You can see how they get used to having assist with bathing, dressing, and medications, and how they react to the social environment.

I recall a child who brought her mother, living with moderate dementia, into a small home for a 10-day respite while she went through surgery herself. The mother was adamant that this was "just for while my daughter needs to rest." Those 10 days sufficed for her to experience the feeling of not being alone at night, of having somebody nearby if she woke puzzled. 6 months later, when a move was plainly required, she chose that very same home without resistance and described it as "the place where they know how to make my tea."

When assessing respite care in a small home, ask whether the services and staffing are truly the same as for permanent citizens. A well-run home needs to not downgrade care even if the stay is short. Respite needs to feel like a reasonable glance of life there.

Questions to ask when visiting a small elderly care home

Families frequently tell me they feel overwhelmed by what to ask, especially if they are going to numerous alternatives. A focused set of concerns helps you look past the fresh paint and friendly smiles.

Here is a concise checklist to bring with you:

- "Who owns this home, and how typically are they on site?" Direct owner participation can be a strength if it comes with accountability, not micromanagement.
- "What is your typical staffing pattern, by time of day?" Listen for specifics: the number of caregivers at 7 a.m., 3 p.m., and overnight.
- "Tell me about the last time a resident's health changed quickly. What occurred and how did you respond?" Real stories expose the real process.
- "How do you deal with medical consultations, emergencies, and health center discharges?" You need to know who coordinates, who transfers, and how communication flows.
- "Can I speak to a present resident's family?" Referrals matter, particularly in small homes where online reviews may be sparse.

Pay attention not only to the content of the responses, however likewise to how comfy staff appear going over less-than-perfect situations. A fully grown operation acknowledges that falls, hospitalizations, and behavioral difficulties occur in senior care, and it explains its method clearly.

Who flourishes in a family-style home, and who may not

Not every older adult is an ideal match for a cottage design, and that is not a failure of the design. It is just a matter of fit.

People who tend to do well consist of those with:

Mild to moderate dementia who are relaxed by routine, familiar surroundings, and a small circle of people.

Mobility challenges that make navigating big structures hard, such as those utilizing walkers or wheelchairs who tire quickly.

A long history of valuing home life over crowds and formal events.



A strong need for reassurance and close relationships with caregivers.

On the other hand, you might prefer a bigger assisted living neighborhood if your relative:

Is extremely social and delights in a wide variety of structured activities, from lectures to big musical performances.

Is more youthful or more physically active and desires a fitness center, strolling paths, or organized getaways several times per week.

Needs access to on-site scientific services at all hours, such as a nurse who can manage complicated medical devices or regular competent interventions.

Another edge case includes behavioral symptoms. Some small homes are outstanding with residents who wander, call out frequently, or have occasional agitation, due to the fact that the setting is foreseeable and personnel understand them well. Others are not equipped to handle these situations securely. Ask straight what habits they can and can not handle, and what would set off an ask for discharge.

How to read the subtle signs throughout a visit

Beyond formal concerns, a few of the most crucial details originates from what you observe, not what you are told.

Watch how staff speak with locals. Do they lean down to eye level, usage names, and wait for reactions? Or do they talk over locals as if they are not provide? One quiet however powerful indication is whether staff recognize nonverbal hints, such as providing a blanket when someone shivers or a rest when someone looks fatigued however says they are "fine."

Look at the rhythm of your house. Is everybody lined up in front of a tv, or are there small clusters of various activities? You do not require a constantly buzzing environment, but a total lack of engagement can be a warning.

Glance into bathrooms and around corners. Cleanliness in the less noticeable areas says more than the front space. Odors in elderly care settings can occur, specifically after a recent accident, but consistent smells of urine normally suggest insufficient cleaning or incontinence management.

Notice whether homeowners appear groomed in ways that match their history. A male who constantly wore slacks now in stained sweatpants may signal a mismatch in between the home's style and his identity, or just staffing that is cutting corners on personal care. For a lady who always enjoyed her hair set, seeing her hair brushed and pinned back neatly can be an indication that the personnel focus on personal preferences.

Most of all, try to imagine your loved one waking up there, shuffling into the kitchen area, hearing familiar voices. Does the image feel manageable, even slightly comforting? Or does it make your stomach clench? Your own instincts, informed by mindful observation, are a beneficial tool.

Cost, openness, and what families often miss

Financially, small homes can be similar in cost to standard assisted living, but the structure of costs might vary. Some charge a flat rate that includes most care needs, while others utilize a tiered system that increases as care needs grow. Since these homes are often separately owned, there can be more versatility in personalizing a plan, but also more variation in how expenses are communicated.

Ask for a composed breakdown of what is included and what sets off additional charges. Support with bathing, dressing, toileting, and medications should be clearly defined. If your loved one already needs hands-on assistance numerous times a day, press for specifics: how many assists per day are consisted of, and what occurs if those needs double?

Families likewise undervalue the psychological expense of moving repeatedly. One advantage of some small homes is their capability to support citizens all the way through end of life, in collaboration with hospice services. Others are less geared up for late-stage care and may need a transfer to a competent nursing center when needs increase.

Clarify:

Whether they have actually supported locals through end of life previously, and how that worked.

What types of medical devices they can accommodate, such as oxygen, health center beds, or feeding tubes.

Their policy on health center readmissions. Some homes can take residents back rapidly after a health center stay; others might think twice if requirements escalated.

The fewer disruptive relocations your loved one experiences, the better their stability, particularly when dementia is involved.

Choosing with clarity, not guilt

When households stand at this crossroads, guilt frequently shadows every decision: guilt about "putting Mom in a home," guilt about not being able to supply 24/7 care personally, or guilt about considering financial limitations. That guilt can distort judgment and make you susceptible to sleek marketing.



Small, family-style elderly care homes are not a wonderful response. They can, however, use a mild, human-scale alternative that respects both safety and individuality, particularly for those who discover bigger buildings disorienting or impersonal.

The path forward is to integrate your intimate knowledge of your loved one with clear-eyed assessment of each choice. Visit more than once, at various times of day. Usage respite care if you can to check the waters. Ask difficult questions, and listen to how they are addressed. Notification how you feel ignoring the house.

Assisted living, at its finest, is not about warehousing older grownups. It has to do with constructing a small, tough neighborhood around them when the initial family structure can no longer bring the full load. In a well-run small elderly care home, that neighborhood can look and feel a lot like family, with all the normal rhythms of shared meals, familiar voices, and the peaceful self-confidence that somebody is close by if help is needed.

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

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

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