

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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Choosing an assisted living community is one of those choices that is both practical and deeply emotional. You are weighing security, medical needs, and money, but likewise self-respect, identity, and the texture of everyday life. Families frequently tell me they wish they had a clearer roadmap before they started exploring locations and reading glossy brochures.

What follows is a structured, real-world checklist developed from years of operating in senior care, listening to families, and seeing what in fact matters when someone moves in. Use it as a guide, not a rigid rulebook. Everyone and every household has its own non-negotiables.

A fast 5-step list at a glance

Use this as your high-level roadmap. The remainder of the article dives deep into each step.



1. Clarify needs, preferences, and timing
2. Understand budget plan, benefits, and monetary constraints
3. Build a short, realistic list of assisted living options
4. Visit, observe, and compare care quality and life
5. Review contracts, plan the shift, and reassess after move-in

Most families return and forth in between these actions instead of following them in a best straight line. That is normal. The point is to keep your decision anchored in a structured procedure instead of whatever center returns your call initially or has the shiniest lobby.

Step 1: Clarify requirements, preferences, and timing

If you skip this step, everything else gets harder. You will hear sales language from assisted living communities that may or may not match what your parent or loved one actually needs.

Start with function and safety, not age. Two 82-year-olds can have totally various support needs. One may still drive, prepare, and manage medications, while the other battles with dressing, remembering dosages, and falls.

A useful way to consider this is to take a look at:

- Activities of everyday living (ADLs): bathing, dressing, toileting, transferring, eating, and continence
- Instrumental activities of daily living (IADLs): cooking, shopping, managing financial resources, transportation, housework, handling medications

Even if you never ever use these terms with a facility, having your own rough sense of whether your parent needs light, moderate, or heavy assistance with ADLs and IADLs will allow you to ask sharper questions.

It typically helps to have an objective assessment. This can originate from:

A primary care physician or geriatrician who understands their medical history.

A hospital discharge coordinator, if you are transitioning after a hospitalization. A care supervisor or social worker who specializes in senior care or elderly care.

If your loved one has memory loss, ask directly about cognitive concerns. Early dementia can show up as confusion about time, problem managing cash, or repeated medication mistakes. Not all assisted living facilities are set up for substantial memory impairment. Some provide devoted memory care systems, with locked however home-like settings and personnel trained particularly in dementia.

Alongside practical needs, make a note of preferences. These matter for quality of life:

Location: near household, familiar community, near a particular hospital.

Size: smaller, home-like structures vs big schools with more amenities. Culture: peaceful and low-key vs active and social. Spiritual or cultural alignment. Family pets, outside area, privacy, checking out hours.



Finally, be honest about timing. Are you planning ahead, or are you responding to a crisis such as a fall or caretaker burnout in your home? If it is immediate, you might need respite care first, then transition to long-term assisted living once everybody can breathe and plan.

Step 2: Understand budget plan, benefits, and financial constraints

Money shapes the realistic menu of choices. Families frequently undervalue total costs, then feel blindsided later.

Assisted [BeeHive Homes Of Andrews elder care](#) living is normally private pay. Medicare typically does not cover room and board in assisted living facilities, though it may cover certain medical services provided there. Medicaid protection differs by state and typically has waitlists, eligibility requirements, and minimal taking part facilities.

Start by clarifying:

What earnings and possessions are offered monthly and over the next 3 to 5 years.

Whether there is a long-term care insurance plan, and what it in fact covers. Eligibility for veterans' benefits, such as Aid and Attendance, which can balance out some assisted living costs. Whether offering a home is on the table, and if so, on what timeline.

Facilities typically quote a base rate and after that include tiered care fees. For example, the base may consist of lease, utilities, basic housekeeping, and some meals. Additional costs might obtain medication management, incontinence care, extra escorts, or boosted monitoring in the evening. Two residents in the very same building can pay really various month-to-month amounts.

Ask yourself what trade-offs you are willing to make. A center that appears expensive in the beginning look may supply greater staff ratios, better nursing oversight, or a stronger track record handling complex conditions. A cheaper option that relies heavily on outside home-health agencies for even standard care can end up being more pricey and fragmented over time.

It is a mistake to focus only on the first year. If your loved one has a progressive illness such as Parkinson's or dementia, care requirements will rise. You desire a senior care setting that can adapt without forcing yet another disruptive move in a year or two.

Step 3: Construct a short, practical list of assisted living options

Once you understand needs and spending plan, withstand the desire to tour every assisted living facility within 50 miles. You will stress out, and information will blur.

Start with three or 4 prospects that:

Fit within a practical rate range, even after adding likely care fees.

Deal the level of care your loved one needs now, and potentially soon. Remain in places that work for the member of the family most associated with care.

Information sources consist of online directory sites, state regulatory sites, regional senior centers, physicians, and word of mouth. Beware with online reviews. Problems can show one dissatisfied household out of numerous residents, or they might expose patterns such as chronic understaffing or bad food quality.

A practical filter is to look at whether a facility is accredited for assisted living only, or if it likewise offers memory care or competent nursing on the very same school. Continuing care neighborhoods can alleviate shifts as requirements change, but they can likewise have greater entryway charges and more complicated contracts.

Call each center and pay attention not simply to the content, but to the tone and responsiveness. How quickly do they return calls? Does the individual on the phone listen, or just recite a script about features? The method a neighborhood manages you as a potential resident often mirrors how they handle families as soon as someone has moved in.

Ask for basic truths before scheduling a tour:

Current base rates and normal overall regular monthly range for residents with similar needs.

Whether they accept respite care stays, and on what terms. Staffing patterns, particularly the presence and hours of licensed nurses on site. Any current ownership or management changes.

If a facility declines to provide even broad rates ranges before you visit, acknowledge that as a data point. Transparency at this phase saves everyone time.

Step 4: Visit, observe, and compare day-to-day life

Tours are often carefully choreographed. The technique is to look past the staged exercise class and fresh flowers.

Plan at least one calm visit for each prospect. If possible, address various times of day: a weekday morning and a weekend afternoon expose various realities. Ask if your loved one can sign up with for a meal or an activity, so you can see how they respond.

Here is where you switch from checking out marketing materials to using your own senses.

First, see how you feel when you walk in. Is the environment warm and lived-in, or cold and hotel-like? Do staff greet locals by name? Are homeowners being in hallways looking disengaged, or are there pockets of activity at various practical levels?

Second, watch staff behavior. Do caretakers appear rushed and stressed, or calm and attentive? Staff turnover is a critical indicator. Every building has some churn, but consistent change can be a red flag. Ask directly the length of time normal caregivers and nurses stay.

Third, take note of hygiene and safety:

Cleanliness of common areas and bathrooms.

Smells that might suggest bad incontinence management. Lighting, flooring, and hand rails that affect fall risk.

How personnel assist homeowners with walkers or wheelchairs.

Fourth, take a look at how medications are managed. Medication management is one of the most essential services in assisted living, and mistakes can have severe consequences. You want clear systems: locked medication rooms or carts, recorded administration, and noticeable oversight by nursing staff.

Finally, evaluate meals and social life. Food in elderly care is more than nutrition; it is comfort and regimen. Attempt a meal if possible. Ask whether they can accommodate special diets, such as low salt or diabetic. Observe whether personnel really assist locals who need cueing or physical assistance to consume, instead of leaving trays and strolling away.

Many households discover it beneficial to bring a list of concerns. Keep it useful and prevent being swayed just by features that sound great but may never ever be used.

Here is one focused list of questions to assist your tour conversations:

1. What is the staff-to-resident ratio on days, evenings, and overnight, and how is it adjusted when needs boost?
2. How are care plans developed, who gets involved, and how typically are they upgraded?
3. How do you handle falls, unexpected illness, and modifications in condition, consisting of when to call 911 or a member of the family?
4. Can you describe a typical day here for someone with my loved one's abilities and interests?
5. How do you interact with families about concerns, events, or progressive decline?

Write answers down. After a few visits, every structure's sales pitch starts to sound comparable. Your notes assist you compare realities, not marketing language.

Step 5: Evaluate care quality, staffing, and medical support

The phrase "assisted living" covers a wide variety of designs. Some neighborhoods are greatly hospitality-focused, with stunning design but limited medical depth. Others have strong nursing management but fewer frills. You want the ideal mix for your situation.

Care quality depends on staffing patterns, training, supervision, and relationships with external providers.

Ask about:

Who is in fact providing day-to-day care. A lot of hands-on tasks are done by caretakers or licensed nursing assistants, not nurses or doctors.

Whether there is a nurse in the building 24/7, just throughout organization hours, or on call after hours. How frequently medical suppliers, such as checking out physicians or nurse practitioners, come on site. What occurs when a resident's requirements intensify beyond the original care plan.

If your loved one has complex conditions, such as cardiac arrest, COPD, insulin-dependent diabetes, or advanced dementia, you will desire a community with more powerful medical capabilities. This may affect cost, however it minimizes frequent health center journeys and unintended moves.

Medication management systems differ widely. Some facilities charge per medication pass, others bundle it. For people on several medications, clarify who reconciles brand-new prescriptions after hospitalizations, how they avoid duplication, and how they monitor for side effects.

Respite care can be a helpful tool throughout this phase. A short, time-limited assisted living stay lets you evaluate how a neighborhood handles medications, habits, and day-to-day routines without devoting to a long-term agreement. I have seen households discover during a two-week respite remain that an allegedly minor dementia issue in fact requires a memory care environment. That discovery, while difficult, avoided a poor long-term placement.

Finally, ask about end-of-life assistance. Even if it feels early, understanding whether a center partners well with hospice, and what homeowners can remain in place for, informs you something about their viewpoint of care. A senior care provider who talks comfortably and concretely about later on stages is generally more knowledgeable and realistic.

Step 6: Read the contract like a skeptic

Once you have a front-runner, resist the desire to rush through the paperwork. The assisted living contract is where expectations, rights, and obligations live. Problems typically develop not from bad people, however from misunderstandings buried in fine print.

Block out quiet time to read:

How the base charge is defined, and exactly what services it includes.

How care levels or point systems work. There is often a schedule that appoints points for each kind of help, then equates points into a care tier and fee. Policies on rate boosts, both annual and due to increased care needs.

What sets off discharge or transfer to another level of care.

Pay unique attention to the areas on:

Refunds or credits if your loved one moves out or passes away partway through a month.

Resident rights, including grievance processes and how concerns can be escalated. Obligation for individual valuables and damage.

It is typically worth having actually another trusted person checked out the contract too. If something is unclear, request for a plain-language explanation and get it in writing, even in the form of an email.

Also clarify the function of outdoors services. Lots of locals get physical treatment, occupational therapy, or nursing through home-health companies while residing in assisted living. Who arranges those services? Where will they occur? How do they communicate with the facility about precautions and follow-up?

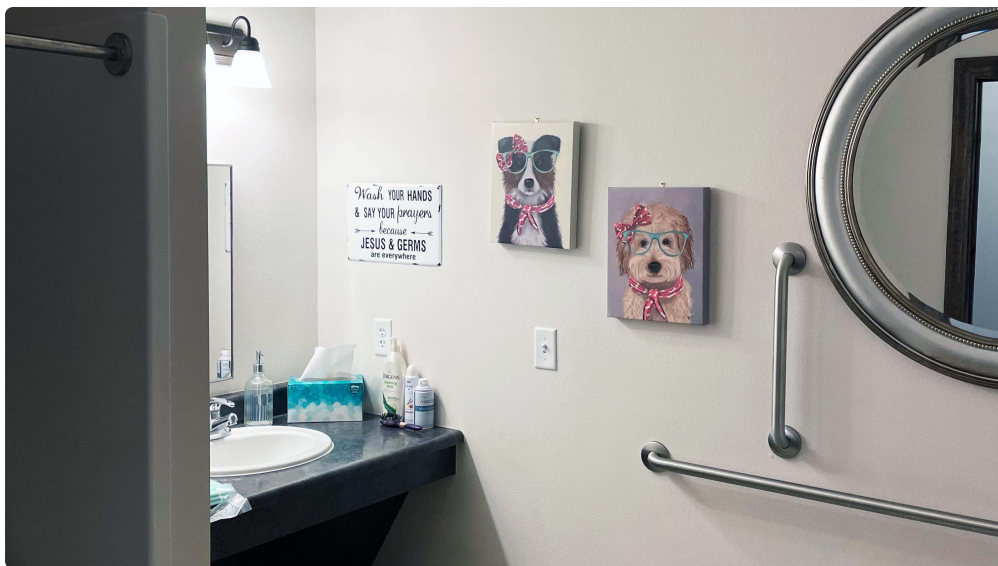
If your loved one is moving in from home, ask about how they deal with the first 30 days. Some communities have casual "trial" periods or additional check-ins as the resident changes. Others expect households to provide more existence at first, particularly if there is anxiety or confusion.

Step 7: Plan the relocation and the very first few weeks

The shift itself can make or break the experience. You are not simply altering an address; you are re-building everyday life.

Involve your loved one as much as they can manage. Even somebody with moderate cognitive disability might be able to pick favorite chairs, images, or bedding to bring. Familiar products decrease the shock of a new environment. Try to keep treasured possessions, such as a comfortable recliner chair or quilt, even if they are not stylish.

Coordinate with the facility about:



Furniture dimensions and what they provide vs what you ought to bring.

Move-in scheduling to prevent excessively hurried or late-day arrivals, which can be difficult for somebody with dementia. Medication handoff, including having enough dosages on hand and updated prescriptions.

For the first couple of weeks, anticipate emotions. Residents may express regret, anger, or unhappiness. Caregivers in the house may feel guilt or relief, often both at once. I have seen families translate a rough first week as an indication the placement was an error, when in reality it was a normal adjustment.

Stay visible, but also give personnel room to build their own relationship. Daily visits in the beginning can comfort your loved one, however try not to intervene in every small demand. Rather, use that preliminary duration to observe patterns: Is your parent dressed, groomed, and engaged? Do staff appear to know their regimens and quirks?

If your loved one originated from home with a very stretched family caretaker, consider using respite care language even for a longer stay. Framing the relocation as "trying this out" can decrease the emotional weight, even if you expect it to be permanent.

Step 8: Monitor, revisit, and advocate

Choosing a facility is not a one-time decision. It is an ongoing relationship. The best outcomes occur when families remain involved, considerate, and properly assertive.

Keep an eye on:

Changes in look, weight, mood, or mobility.

Patterns of falls, infections, or hospitalizations. How rapidly and clearly the center communicates when something happens.

Most assisted living neighborhoods have routine care conferences. Attend them if you can. Utilize those meetings to update the team on what you are seeing and what matters to your loved one. For example, if your mother is most likely to shower in the evenings since she constantly did so, share that. Small information can make care more successful.

When concerns occur, begin with the person closest to the problem, such as the nurse or care manager, and escalate stepwise if required. Facilities typically respond much better to particular, factual concerns than to broad accusations. "I have discovered three unopened medication packets in her space in the last month" is more actionable than "you never ever manage her meds right."

Sometimes, after all efforts, you may recognize the fit is wrong. Maybe your loved one needs a devoted memory care system, or a different culture, or a place closer to another family member. Moving once again is hard, however staying in a setting that can not fulfill progressing needs can be harder. Utilize what you have learned from the first experience to make a more targeted choice the second time.

Balancing safety, autonomy, and quality of life

The heart of assisted living is a delicate balance. You are attempting to offer enough support to be safe, without stripping away independence and significance. Too much supervision can feel infantilizing; insufficient can be dangerous.

In practice, the very best facilities treat residents as partners rather than issues to manage. They respect long-standing practices, even when those practices are inconvenient. They understand that quality senior care is not practically avoiding falls or managing high blood pressure, but likewise about laughter at lunch, a familiar hymn in the background, or a staff member who remembers exactly how someone takes their coffee.

As you move through this list, provide equal weight to your head and your gut. Numbers and agreements matter. So does the subtle sensation you get when you see personnel joking gently with a resident or taking an additional minute to sit at eye level. Assisted living and elderly care are about relationships at their core. If the relationships feel and look right, and the concrete information line up with needs and budget plan, you are most likely really near the ideal place.

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](#) 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.