

Business Name: BeeHive Homes of Great Falls

Address: 2320 15th Ave S, Great Falls, MT 59405

Phone: (406) 205-4516

BeeHive Homes of Great Falls

At BeeHive Homes of Great Falls in Great Falls, MT, we offer assisted living, respite care, and memory care for people with dementia. Our residents enjoy living in a cozy place with knowledgeable and caring staff. We aim to meet each person's changing care needs and keep residents as independent as possible. We also plan events and senior living activities based on their interests and skills. Contact us immediately to learn more about how we can help your senior today!

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2320 15th Ave S, Great Falls, MT 59405

Business Hours

- Monday thru Sunday: Open 24 hours

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Families often tell me the very first tour felt persuading, the brochure looked warm, and the sales pitch sounded right. Then, two months after moving in, the truth on the night shift did not match the guarantees made at twelve noon. Memory care prospers or stops working in the small hours of daily life, not in the lobby during a directed visit. That is why a short, structured respite stay is among the most trustworthy methods to select the best community for long-term dementia care.

I have helped scores of families position a parent or spouse after months of stress at home. The strongest relocations rarely began with a deposit. They started with a trial, typically a respite stay of 7 to one month. An excellent respite stay reveals you how your loved one sleeps, eats, and settles with a brand-new routine. It reveals you how the care team manages confusion at 5 a.m., lost dentures, or a blood pressure spike after lunch. Most significantly, it gives your loved one an opportunity to feel the location, not just visit it.

What respite stays look like in memory care

Respite care in a memory care neighborhood is a short-term, provided stay with access to the exact same services that irreversible residents receive. The specific setup differs, however a couple of patterns hold:

- Duration and timing. A lot of programs use stays from 7 to 1 month, though I have actually seen 3-day minimums for immediate caretaker breaks and 45-day options when a home renovation or recovery is

underway. The calendar matters, since weekends and holidays can expose different staffing patterns than midweek days.

- Suites and furniture. Respite suites are usually furnished, which makes flying starts easier. That said, little personal touches speed orientation. A familiar quilt or a framed wedding picture typically has more settling power than a new armchair.
- Rate structure. Anticipate daily rates that fall in between the community's released month-to-month rate divided by 30 and a 10 to 25 percent premium for short-term versatility. If the neighborhood utilizes level-of-care pricing, the respite rate may include only a base tier, with supplements added for insulin administration, two person transfers, or regular redirection.
- Assessment and documentation. Even for a short stay, neighborhoods complete a nurse assessment, review medications, and request a physician's orders. Some need a tuberculosis screen or chest X-ray within the in 2015, and evidence of COVID and influenza vaccination or a waiver. A short service plan is built from that consumption and must not be an afterthought.
- What is included. Meals, housekeeping, activities, and standard individual care are standard. Treatment services, private sitters, and outdoors consultations are usually billed individually. Transport for medical visits throughout respite may not be offered or may bring a fee.

These guardrails exist for great factor. Memory care is not a hotel, it is a specialized type of senior care that blends medical routines with life. The assessment step, even if it feels governmental, is where a neighborhood decides whether it can securely fulfill your loved one's needs.

What a tour can disappoint, and a trial can

A tour is staged. A respite stay is lived. Numerous vital realities emerge only when somebody sleeps, showers, and eats in the space.

Nighttime rhythms enter focus. If your dad sundowns, does staff capture the early indications and encourage relaxing routines, or do they rely on a sedative? If he wakes at 3 a.m. And wanders, does he come across individuals who know his name, or locked doors and alarms with no response?

The real personnel ratio reveals itself. Posted ratios are averages. The ratio that matters is who is on the flooring, awake, and engaged at the moments of care. You will discover if the very same 3 aides keep showing up, calm and constant, or if every day seems like a new cast of strangers.

Meals tell you more than menus do. Enjoy whether staff notice if someone stops eating midway through or requires hints to cut food. See if finger foods are available for those who rate. A person with dementia can lose five pounds in a month if meal support is weak.

Activity programs reveal engagement design. Calendars can look complete without depth. During respite you can see if the 10 a.m. Activity draws individuals from their spaces, if staff adapt jobs for various cognitive levels, and if quieter residents get one to one time.

Medication management becomes noticeable. Hold-ups, sloppy handoffs, and drug store problems surface in the first week. A competent medication assistant presents themselves, describes modifications in plain language, and files refusals without drama or blame.

Most families also detect tone. Some communities operate on rushed compliance. Fantastic memory care operates on relationships. The difference feels apparent within a couple of days.



What to enjoy during a respite trial

Use the stay to gather genuine, concrete observations rather than general impressions. A brief list assists focus your time.

- Transitions: Keep in mind the very first three mornings and bedtimes. How long till your loved one accepts aid with dressing, bathing, or medications without agitation?
- Staff interactions: Count the number of personnel call your loved one by name, make eye contact, and crouch to their level rather than discussing them.
- Response times: Time the period from pushing a call pendant to staff arrival a minimum of twice, as soon as throughout the day and once at night.
- Engagement: Track how many minutes your loved one invests in common areas, and whether an activity holds their attention for a minimum of 15 to 20 minutes.
- Health markers: Weigh on arrival and departure, note hydration triggers, bowel pattern, and any skin changes. Little shifts can foreshadow bigger issues.

I encourage households to keep a simple note pad. Short dated entries beat hazy memory when you compare neighborhoods later.

Preparing an individual with dementia for a brief stay

A smooth respite begins days before arrival. Individuals living with cognitive modifications read more from tone, pace, and environment than from descriptions. Frame the remain in language that matches your loved one's truth. For somebody who misses out on office life, call it a short-term job while your home gets serviced. For a retired instructor, explain it as helping out at a friendly program.



Pack light, but pack smart. Three or 4 attires that are easy to put on and take off, encouraging shoes, and identified socks avoid morning delays. Bring current prescriptions in initial bottles unless the neighborhood needs drug store blister loads. Consist of listening devices with a labeled case and extra batteries, glasses with a strap, and denture cups with names. Label everything, consisting of the quilt and sweater. Neighborhoods attempt, however laundry is a powerful great void in any shared setting.

Create a one page life story. Include preferred name, previous career, regimens, activates, relaxing techniques, favorite foods, music that soothes, bath choices, and key family contacts. Add a small picture collage. Good groups will post this at the workstation or in the room, and you will see aides use it to stimulate discussion and minimize distress.

If you use tracking technology at home, like a GPS watch, ask how it fits with the neighborhood's policies. Many memory care units have safe and secure borders and will want to coordinate settings to prevent incorrect alerts.

Working with the care team during the stay

The assessment is not a one time event. Use the very first 72 hours to refine the care plan. Share concrete examples of behaviors that respond to specific techniques. If your wife accepts medication with yogurt however refuses with water, put it in composing. If your father gets upset by rushed hints, ask personnel to slow the sequence and minimize verbiage.

Arrive at slightly different times over the first week. Morning and late afternoon provide the clearest photo. Keep your visits supportive, not supervisory. Neighborhoods work best when households are partners in dementia care, not foes. That said, continue with polite specificity. Vague feedback produces vague change. Explain what you value with the exact same accuracy. Personnel notice.

Ask to examine essential indications and medication administration records before discharge from the respite. You will see if a standing PRN was utilized for agitation, or if a bowel program needs adjustment. A small, early tweak can avoid a waterfall of problems.

Reading the fine print around cost and commitments

Respite is much shorter, however the monetary rules matter. Clarify whether there is a different respite contract or if it falls under a standard residency contract. Ask if a part of the respite fee converts to a credit against an

ultimate relocation in fee. Some communities waive the community cost if you move within 30 to 60 days of a respite stay.

Understand what the everyday rate covers. In level based prices, the base rate might not include diabetic management, specialized injury care, or two individual transfers. If the nurse will reassess care level mid stay, ask how changes are communicated and priced. For a 2 week stay, a level step up midway through can add several hundred dollars unexpectedly.

Get clear on deposit, refund, and cancellation guidelines. If your loved one refuses to stay or is hospitalized on day 2, you require to understand whether charges prorate. Ask who is financially accountable for losses, spills, or damaged furniture in a supplied respite suite. This hardly ever ends up being a concern, but dementia care lives in the real life of accidents.

Insurance protection for respite is restricted. Standard Medicare does not cover custodial respite in memory care communities. Some long term care insurance plan reimburse short stays if preauthorized and if the community meets licensure criteria. Veterans may qualify for restricted respite benefits through the VA, either in VA contracted centers or via [senior care](#) versatile in home support. Confirm with the insurance provider before you set up the start date.

Clinical proficiency is the hinge that whatever swings on

Memory care is not interchangeable from one building to the next. The difference lies in training depth, team stability, and the culture around habits. I listen closely when personnel explain homeowners. Do they identify people by obstacles, like wanderer or feeder, or do they tell you Mr. R likes jazz at 4 p.m. Since that is when he utilized to commute? This language mean the operating system.

Ask about personnel training hours particular to dementia care, not just general orientation. I try to find at least 8 to 12 hours initially, with refreshers every quarter. Probe night shift training as independently as day shift. Inquiry assignment patterns. Constant staffing constructs trust, and trust decreases medication usage over time.

If your loved one copes with Parkinson's dementia, Lewy body dementia, frontotemporal dementia, or blended vascular modifications, explore how the team adapts. These conditions do not present the exact same requirements. Visual hallucinations in Lewy body respond inadequately to numerous antipsychotics. Frontotemporal dementias typically require structure that minimizes impulsivity instead of redirection for memory spaces. Neighborhoods that understand these differences will describe specific techniques rapidly and confidently.

Look at nurse protection. Many states need a nurse on call, but not on site, for assisted living level memory care. For someone with intricate diabetes, anticoagulation, or heart failure, I choose communities with on site nurse presence for a minimum of part of the day, every day. If staffing is lean overnight, trusted escalation to an on call nurse matters.

Daily life, not simply safety

Families worry very first about security, and that is appropriate. Secured exits, elopement procedures, and fall prevention deserve analysis. Yet quality of life frequently switches on quieter features. Are there flexible meal windows for individuals who wake late? Are snacks readily available for grazers who have problem with 3 huge meals? Do residents sit at constant tables that encourage social connection, or does seating shift in manner ins which confuse?

People with dementia frequently take advantage of routines that mix predictability with option. The very best activity calendars are not the busiest, they are the most customizable. A man who fished every weekend might get in touch with a weekly water themed sensory cart, not a generic bingo square. Ask how private interests get woven into the program beyond one to one volunteers.

Outdoor gain access to is another quality marker. Fresh air decreases agitation for many individuals, particularly those who paced when they were younger. A little secure patio area utilized daily does more great than a large yard that opens twice a month.

Behavior support viewpoint tells you what occurs on tough days

Every neighborhood declares it handles habits. Inquire about specific tools. I look for nonpharmacologic approaches developed into everyday regimens, not simply pulled out when there is a crisis. For example, do assistants have quiet activity kits for agitated citizens? Do they rotate stimulating and calming spaces to handle energy? When a resident strikes out throughout individual care, do they stop briefly, march, and reapproach with a various staff member, or push through and escalate?

Medication has a function in dementia care, especially for severe distress, depression, or psychosis. It ought to not be the default for staffing spaces or hurried regimens. Throughout respite you can read patterns. If a PRN is utilized three afternoons in a row, ask what occurred in the hours previously, not only what took place at the moment of dosage.



Cost math that respects caretaker reality

Home care, adult day, and memory care are not apples to apples. Households typically compare monthly community costs to their current out of pocket at home and see a huge dive. Add the overdue hours you or a spouse invest, the night wakings, and the chance cost of missed work. The calculus changes.

Daily respite rates typically vary from 150 to 300 dollars depending upon region and care level. Adult day programs generally land in between 70 and 140 dollars daily, frequently with transport consisted of. In home aides can run 28 to 45 dollars per hour, with higher rates for nights and weekends. If your loved one needs near

continuous supervision for safety, a memory care respite can be both a break and a data abundant trial instead of simply another expense.

If financial resources are tight, try a shorter weekday focused respite to sample typical staffing, then set up a weekend stay later on to examine off hour coverage. Some communities use reduced rates during low occupancy periods or credit part of the respite towards a future relocation. Ask straight. Sales teams have latitude they do not advertise.

A narrative from the field

A daughter brought her mother to a 10 day respite after a hospitalization. In the house, the mother had started pacing in the evening, knocking on next-door neighbors' doors by dawn, and declining showers. The very first two days at the neighborhood were rough. The mother tried to leave through the personnel door, required her mother, and refused breakfast. The staff did not press, however they did not pull back either. The activity coordinator discovered the mother stopped briefly at a corridor picture of a 1950s cooking area. They printed a larger copy and taped it inside her space near the bathroom. On day three, the daughter checked out early, and they attempted the shower with music from the Andrews Siblings and a familiar green towel from home. It worked. By day five, the mother was participating in a short 9 a.m. Coffee group and consuming half a muffin. The child extended the respite to 21 days, then transformed to long term. The choosing factor, she informed me later, was not that the habits stopped. It was that the group kept adjusting, kept attempting small, gentle tweaks, and welcomed her to help shape them.

When the trial states no

Not every respite ends in a move, which can be a present. One gentleman ended up being more upset during his 14 day remain in spite of encouraging care. His household saw that he required a memory care with a smaller sized, quieter environment and a nurse on site 12 hours a day due to intricate Parkinson's medications. They utilized the notes from the respite to improve their search criteria, visited three communities that matched, and tried a 2nd respite somewhere else. The second setting fit. Had they signed a lease at the very first neighborhood, they would have been locked into an expensive and demanding 2nd move.

When a trial does not fit, share your observations when you decline. Good operators will request feedback and often even point you toward a much better match. The senior care world is smaller than it looks, and individuals talk. Professional courtesy can open doors for the next household too.

Turning a short stay into a smooth long-term move

If the respite feels right, you have a head start on an elegant transition. Usage momentum while appreciating the person's pace.

- Ask the group to maintain the exact same room and main aides if possible. Familiar faces and design decrease disorientation.
- Convert the respite care strategy into a full service plan with particular language about what worked during the trial.
- Move individual items in phases. Start with fundamentals and a couple of favorites. Include more design steadily over the first two weeks.
- Schedule household visits at consistent times the first week post move, then gradually vary times so the resident engages even when you are not there.

- Set a thirty days check in with the nurse and administrator to evaluate weight, sleep, engagement, and any medication changes.

If the community charges a neighborhood cost or requires brand-new paperwork, do not assume anything rollovered from respite. Read once again. Information wander in between departments, particularly when sales, nursing, and business offices each deal with a piece.

Red flags that matter, even throughout a brief stay

I avoid giant warning lists, however a couple of patterns deserve attention. If you see personnel canceling activities repeatedly since they are brief, consider what else gets cut. If call lights go unanswered at night while you wait with your parent in the hall, do not justify it away. If the nurse can not discuss medication changes clearly, or if the doctor is unreachable for days, expect more of the very same later on. If your loved one loses more than two pounds in a 2 week respite without an obvious reason, and no one observed till you asked, food support may be weak.

On the positive side, when an assistant keeps in mind a story from your father's Navy years and utilizes it later on to soothe him, you have actually seen relationship based care. When a janitor greets your mother by name and jokes carefully about her love of lemon cookies, you have actually glimpsed a healthy culture that goes beyond titles.

The role of respite even if a relocation is months away

Caregivers often are reluctant to try respite while they still manage at home. They stress it indicates surrender or that their loved one will feel deserted. Used well, respite is not an ending, it is a tool. It can give a partner 10 undisturbed nights of sleep to reset patience and health. It can let you test driving patterns, like getting to a physician without 2 hours of coaxing. It can also act as a security valve for emergency situations. If you have actually already completed consumption at a neighborhood through a past respite, an unexpected hospitalization for the caregiver will not become a positioning crisis.

Some families set a cadence, two short stays each year. The person with dementia experiences the environment as familiar, not foreign, which makes any future permanent relocation less disconcerting. Staff understand the individual, and their care plan is already a living document.

Final ideas from the trenches

Choosing memory care is not about discovering the most beautiful structure or the most affordable rate. It has to do with the everyday fit in between a person's dementia care requirements and a team's capability to fulfill them with ability and respect. A respite trial pulls that fit into view. It slows the decision enough to let you see what matters most while your loved one experiences the location beyond a lobby conversation.

If you deal with respite as both a break and a field test, prepare well, partner with the team, and enjoy the quiet information, you will enter long term care with more self-confidence. The right community will reveal itself not with promises, however with stable, regular proficiency. Which is the ground you can build on.

BeeHive Homes of Great Falls provides assisted living care

BeeHive Homes of Great Falls provides memory care services

BeeHive Homes of Great Falls provides respite care services

BeeHive Homes of Great Falls supports assistance with bathing and grooming

BeeHive Homes of Great Falls offers private bedrooms with private bathrooms

BeeHive Homes of Great Falls provides medication monitoring and documentation

BeeHive Homes of Great Falls serves dietitian-approved meals

BeeHive Homes of Great Falls provides housekeeping services

BeeHive Homes of Great Falls provides laundry services

BeeHive Homes of Great Falls offers community dining and social engagement activities

BeeHive Homes of Great Falls features life enrichment activities

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

BeeHive Homes of Great Falls promotes frequent physical and mental exercise opportunities

BeeHive Homes of Great Falls provides a home-like residential environment

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

BeeHive Homes of Great Falls assesses individual resident care needs

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

BeeHive Homes of Great Falls assists qualified veterans with Aid and Attendance benefits

BeeHive Homes of Great Falls encourages meaningful resident-to-staff relationships

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

BeeHive Homes of Great Falls has a phone number of (406) 205-4516

BeeHive Homes of Great Falls has an address of 2320 15th Ave S, Great Falls, MT 59405

BeeHive Homes of Great Falls has a website <https://beehivehomes.com/locations/great-falls/>

BeeHive Homes of Great Falls has Google Maps listing <https://maps.app.goo.gl/1z93HCVXHyRSY9gU6>

BeeHive Homes of Great Falls has Facebook page <https://www.facebook.com/beehivehomesgreatfalls>

BeeHive Homes of Great Falls has an Instagram page <https://www.instagram.com/beehivehomesofgreatfalls>

BeeHive Homes of Great Falls won Top Assisted Living Homes 2025

BeeHive Homes of Great Falls earned Best Customer Service Award 2024

BeeHive Homes of Great Falls placed 1st for Senior Living Communities 2025

People Also Ask about BeeHive Homes of Great Falls

What is BeeHive Homes of Great Falls Living monthly room rate?

The monthly cost for assisted living, memory care, or senior care in Great Falls, MT depends on the level of care needed. Each resident receives a personalized assessment, and pricing is based on that evaluation. BeeHive Homes is known for clear, transparent pricing with no hidden fees

Can residents remain at BeeHive Homes as their care needs change?

In many cases, yes. BeeHive Homes of Great Falls is designed to support residents as their needs evolve, whether that means increased assistance with daily living or transitioning to memory care within the BeeHive network.

Residents may remain as long as their needs can be safely met without 24-hour skilled nursing

What types of senior care are offered at BeeHive Homes of Great Falls, MT?

BeeHive Homes of Great Falls provides a range of care options, including assisted living, memory care, respite care, and specialized traumatic brain injury (TBI) assisted living care. Care is offered across eight (8) residential-style BeeHive Homes located throughout the Great Falls community, each designed to support a specific level of care

What is Traumatic Brain Injury (TBI) assisted living care?

Traumatic Brain Injury assisted living care is designed for individuals who need daily support following a brain injury but do not require 24-hour skilled nursing. At Fireweed Home, BeeHive Homes of Great Falls provides structured routines, personalized assistance, and consistent supervision tailored to the unique needs associated with TBI

Can families tour BeeHive Homes of Great Falls?

Absolutely! Families are encouraged to schedule a tour to learn more about assisted living, memory care, and senior living in Great Falls, MT. To arrange a visit or speak with our team, please call (406) 205-4516

Where is BeeHive Homes of Great Falls located?

BeeHive Homes of Great Falls is conveniently located at 2320 15th Ave S, Great Falls, MT 59405. You can easily find directions on [Google Maps](#) or call at [\(406\) 205-4516](tel:4062054516) Monday through Sunday Open 24 hours

How can I contact BeeHive Homes of Great Falls?

You can contact BeeHive Homes of Great Falls by phone at: [\(406\) 205-4516](tel:4062054516), visit their website at <https://beehivehomes.com/locations/great-falls>, or connect on social media via [Facebook](#) or [Instagram](#)

[Jakers Bar and Grill](#) offers a relaxed dining experience suitable for assisted living and elderly care residents enjoying senior care and respite care family meals.