

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 rarely intend these decisions much ahead of time. More often, a fall, a brand-new medical diagnosis, or the slow creep of caretaker fatigue brings the question to the table: should we look at assisted living, or can we organize in-home elderly care and keep Mother where she is? I have actually sat with lots of family members at that crossroads. The best choice depends much less on an abstract choice and more on concrete facts, like the restroom design, medicine complexity, night straying, and the state of the family's endurance and budget.

What adheres to is a based contrast, drawn from [assisted living](#) real cases and the kinds of compromises people only acknowledge once they are in the thick of it. There is no one-size answer. There are, nevertheless, patterns, price arrays, and warning signs that assistance you choose with eyes open.

What "assisted living" actually provides, and what it does n'thtmlplcehlder 6end.

Assisted Living neighborhoods are designed for older adults who need help with everyday tasks but do not need the consistent medical oversight of an assisted living home. In practice, that means aid with bathing, dressing, grooming, toileting, and medication management, plus meals, housekeeping, and tasks. A lot of neighborhoods personnel with caregivers and med technologies all the time, with a nurse on site or on call. The apartment is private, commonly a workshop or one-bedroom, with an accessible shower room and emergency draw cables. The culture differs commonly. Some feel like a vibrant condo with a solution overlay. Others are quieter, with even more medical undercurrents.

There are limitations that families often miss during the tour. Assisted living is not individually care. Staff-to-resident proportions could appear like one

caretaker for 10 to 15 homeowners throughout the day, extending thinner in the evening. If your daddy needs someone physically close to him to stop drops each time he stands, you will either supplement with a private caretaker or take into consideration a higher degree of care. Healthcare is encouraging, not severe. The group will certainly coordinate with outdoors suppliers, yet they are not a skilled nursing facility. If insulin dosing is made complex or the oxygen requirements are unsteady, the fit may wobble.

The big upside is predictability. Meals show up whether you go shopping or not. The shower is roll-in and the water temperature level managed. Somebody is awake at 2 a.m. if an alarm system seems. Social call occurs without a car ride. Family members often report that the fear dial refuses a few notches, also if the very first month is bumpy.

What at home elderly care can do beautifully, and where it strains

In-home Elder Care covers from a few hours a week of companion brows through to 24-hour protection. Nonmedical home care companies send caregivers who aid with bathing, dressing, light housekeeping, meals, transportation, and supervision. If your mom has solid emotional roots in her home, if a precious dog sleeps at her feet, if the yard is her treatment, sitting tight might preserve regimens that maintain state of mind and function. For those with very early amnesia, familiar surroundings lower agitation and confusion. For those recuperating from surgical treatment, home wellness services, which are medical and generally covered by insurance for a time, can layer in knowledgeable nursing and therapy visits.

The stress and anxiety points show up with intricacy and time. If demands are intermittent, like two showers a week and a couple of trips to consultations, in-home care shines. If requirements are scattered throughout the night and day, the expenses accumulate quick unless the family covers numerous hours themselves. Nighttime problems, like sleeplessness, wandering, and sundowning, alter the calculus. An overnight caretaker is a game changer, but paying for 7 evenings a week at private-pay prices adds up to a mortgage-sized costs. Homes themselves can stand up to the task: narrow corridors, stairs without any rail, a bathtub that demands a climb, toss carpets that launch drops. Retrofitting can work marvels, however some formats fight you.

Then there is the human factor. The best companies strive at uniformity, yet caretakers live, health problems, and turnover. Also a stable case typically involves alternatives. Some senior citizens adjust. Others decline the idea of a "stranger" in your home and sabotage the plan. Families usually locate themselves as schedulers-in-chief, working out protection, filling gaps, and fielding last-minute texts.

About the money: realistic ranges and what drives them

Families are entitled to ordinary numbers. Rates vary by region, however the auto mechanics correspond across the United States.

Assisted Living normally charges a base monthly rent plus tiered care charges. In numerous markets, the base for a studio runs between 3,500 and 5,500 bucks per month, with one-bedrooms climbing up from there. Treatment levels layer on 500 to 2,500 dollars or more, depending upon demands like aid with transfers, incontinence, or drug administration. Memory Treatment, which is a secured setting tailored to dementia, commonly starts higher, typically 6,000 to 9,000 dollars each month, in some cases extra in significant metro locations. Expect an in advance neighborhood fee, commonly equal to one month's rental fee or a flat 2,000 to 5,000 bucks. Cable, phone, and often personal washing may be additional. The lift pitch is all-inclusive, yet checked out the service plan. Companions to meals, every night checks, or two-person transfers can include cost.

In-home care is usually billed per hour, with a common company minimum of 3 to 4 hours per go to. Hourly prices in lots of locations land in between 28 and 40 dollars for nonmedical treatment, greater in seaside cities. Live-in setups, where a caregiver rests on site, are billed by the day, typically 300 to 450 dollars, yet true 24-hour wide awake treatment is billed per hour, not as live-in, due to the fact that nobody can safely work around the clock. For a rough budget, 8 hours a day, 7 days a week at 32 dollars per hour has to do with 7,168 dollars per month. Twenty-four-hour protection can go beyond 20,000 dollars month-to-month with firms. Employing privately can be less costly, yet you become the employer and handle payroll tax obligations, workers' payment direct exposure, vetting, and back-up coverage.

Insurance aids in restricted ways. Medicare does not spend for long-term custodial treatment, whether in your home or in assisted living. It will cover intermittent home health after a qualifying demand, but that is time-limited and scientific, not showering and food preparation. Long-lasting care insurance, if bought years back, can subsidize either setting, though policies differ on everyday advantage caps and elimination durations. Veterans' Aid and Attendance can offer numerous hundred to over a thousand bucks monthly for eligible professionals and making it through partners. Medicaid can cover assisted living or in-home services via waivers in lots of states, but accessibility depends upon both economic certification and program capacity. Waiting checklists are common. Prior to you presume assistance is impossible, ask a neighborhood aging solutions office or a respectable senior care advisor to map what exists in your state.

Memory look after moms and dads: when dementia transforms the decision

Dementia is where the lines in between settings matter. Households usually ask whether to keep a parent at home with a friend, or transfer to Memory Treatment. The solution depends upon safety, habits, and caretaker stress. Early on, a few hours a day of cueing and companionship in the house might be best. As signs and symptoms progress, two points often push the decision: evening roaming and unforeseeable habits. I have collaborated with families whose enjoyed one turned on the oven at 3 a.m., left the front door, or ended up being dubious and literally immune to aid. In those situations, a Memory Treatment community offers a safe environment with alarmed doors, staffing that expects behaviors and recognizes redirection techniques, and organized days that wet agitation.

That claimed, Memory Care is not a magic stick. The environment matters. Some neighborhoods are promoting in an excellent way, with peaceful spaces for decompressing. Others really feel frustrating. If your parent is a long-lasting autistic, a tiny home-like setting, often called a household care home or board-and-care, can be gentler than a 60-apartment system. If Father still strolls a mile a day and likes the backyard, a fenced garden in the house may sustain him longer than a locked corridor. Be careful of the space in between advertising and marketing and technique. Ask how they deal with a homeowner that refuses a shower, or one that packs a bag daily to "most likely to work." The response tells you if staff are learnt mental deterioration care or winging it.

The lived experience: exactly how it feels day to day

Numbers and solutions issue, yet day-to-day live is more granular. Here are scenes I have seen play out.

A retired nurse, widowed, with light Parkinson's and near-perfect executive function, transferred to helped living due to the fact that she was tired of the home work. She prospered. She put on five required pounds because she quit missing lunch. She tackled the unofficial librarian role in the community. The compromise she accepted was less control over timing. Supper got to 5:15 p.m., not 7 p.m., and a different caretaker may help on Tuesday than on Wednesday. She liked the predictability helpful greater than the freedom of being alone.

A couple in their late eighties wished to stay home. He had mental deterioration, she did not. They attempted firm caregivers three days a week and liked two of the 4 who rotated. The 3rd was adequate, the fourth had a perfume that

caused headaches. They enjoyed, till he began waking at 2 a.m. consistently, triggering movement sensing units and shocking her awake. They added over night treatment 2 nights a week. After a month, she admitted the other five evenings were ravaging her sleep and heart rhythm. Moving him to Memory Treatment allowed her to be his partner and supporter once again, not his worn down warden.

A kid urged his mommy would certainly not leave her residence. She dropped in the bathroom. The tub had a 17-inch side, difficult to step over safely despite having grab bars. They mounted a walk-in shower and a handheld showerhead, plus an increased commode seat with arms. A part-time caregiver came four early mornings a week to aid with showering and to prep dishes for the day. They included a medicine dispenser with timed alarm systems due to the fact that her pill count was a mess. It worked, due to the fact that her needs were clustered in the morning and she slept at night. The investment in the shower room paid for itself compared to a move.

These are not global end results, yet they show the hinge factors that matter: timing of requirements, over night actions, atmosphere, and drug complexity.

Safety, supervision, and error rates

Care has a mistake price. That may appear extreme, however it is honest. In assisted living, one of the most usual mistakes are delays. Your mother presses a phone call pendant, and it takes 10 minutes for somebody to arrive due to the fact that an additional homeowner fell. The worst events I have actually seen in assisted living typically involve homeowners who needed more supervision than the version can supply, like an unstable walker who insists on going alone to the restroom after twelve o'clock at night. Supplementing with private one-to-one treatment inside the area is an alternative, yet it adds cost.

At home, the errors frequently include variance. A caregiver may disappoint up on time, leaving your father alone longer than intended. A family member could presume the firm caretaker dealt with the noon pills when the task was no more on the treatment plan. The physical setting contributes, as well. A rosy-cheeked home can conceal hard sides, like scatter carpets, reduced illumination, and stairs without any contrasting tape on the edge. You can decrease these risks via simple fixes. Light up hallways during the night with motion-sensing lights. Remove rugs or tape them down. Install a shower chair, not just grab bars. Include a bed alarm if roaming is a risk, but consider whether it will surprise and cause a loss. Adjust interventions to the person.

Social life: isolation, stimulation, and control

Social contact underpins health. Assisted living communities provide an instantaneous area. The calendar normally includes workout courses, music, lectures, crafts, and trips. Whether your moms and dad gets involved is an additional tale. Some sign up with everything. Others avoid group activities and still take advantage of casual communications in corridors and dining-room. Seclusion is feasible in any kind of setting, but it is more challenging to be completely alone in assisted living if dishes are shared.



At home, social life calls for logistics. For elders that drive safely or have household close by, it can be rich. For those that gave up the cars and truck and live in a suburban dead end, days can stretch thin. Senior citizens who claim they choose home in some cases indicate they choose control. Consider crossbreed remedies: grown-up day programs a couple of days a week, church teams that arrange experiences, or a buddy caretaker known for attracting individuals out. If your mommy was the one that constantly held Thanksgiving, losing that role can strike identity hard. Welcome her to maintain roles, scaled to energy. Ask her to be "chief taster" for a family dish evening or host a tea with a next-door neighbor and the caretaker supporting in the kitchen.

The household caregiver's bandwidth

Care strategies live or die on the power of family members caretakers. I have seen grown-up youngsters build timetables worthy of an air website traffic controller, only to burn out by month 3. Be truthful concerning who will certainly do what, when, and for how much time. If you are the only youngster in the area and you additionally have a full-time job and two teenagers, a strategy that counts on you covering most nights will certainly fall down. It is not an ethical falling short, it is math.

Respite issues. Aided living and Memory Care can serve as reprieve, also if the long-term plan is home. A short keep of 2 to four weeks after a hospitalization lets the older reclaim stamina while you collect yourself and adjust the house. Some assisted living communities offer supplied break spaces. Insurance coverage rarely pays for this, yet the modest costs over the regular monthly rate can be worth it for the lift it gives the household system.

Red flags that recommend you must lean one method or the other

Here is a brief, functional checklist of tipping-point indications, gathered from years of assessments and family meetings.

- Consider assisted living or Memory Care if demands are regular across the day and night, if two-person transfers are called for, if straying has actually happened, or if caregiving is turning amongst exhausted relative with no alleviation in sight.
- Consider at home treatment if help is gathered at foreseeable times, if the home can be ensured with small changes, if a partner or adult child lives close-by and is willing to coordinate, and if routines in the house support wellness more than an action would.

If you are still stuck, try a time-limited experiment. Commit to 60 days of enhanced in-home support, with a clear schedule and backup strategy if nights become dangerous. Or trial an assisted living reprieve keep, with a scheduled right to return home if it does not fit. Choices feel lighter when you are not claiming they are forever.

Costs past money: freedom, identification, and friction

Every choice invests, not simply dollars. Moving to assisted living spends some autonomy. Meal times are established, and there is a roommate down the hall who plays the TV a little loud. Staying at home spends power and uncertainty. If a caregiver no-shows, you clamber. If Mother refuses a shower for 5 days, you might come to be the bad guy. It prevails for grown-up youngsters to predict their own choices. Pause and ask your moms and dad what issues most day to day. Some will claim personal privacy. Others will claim safety. A few will stun you with humor. One daddy told me, Park me where the coffee is hot and the paper gets here in the past 7 a.m. That, he stated, is civilization.

Consider the transition costs. Steps are hard, but they are additionally limited. The first two weeks in assisted living can be rocky as new routines clear up. In-home treatment has a slower burn. The frictions are smaller yet duplicated: organizing, keys, directions left on the counter, intros to new caregivers.

How to veterinarian high quality: concerns that reveal the truth

Tours and brochures tell component of the story. Straight inquiries, asked without apology, disclose more.

- At an assisted living or Memory Treatment area, ask about overnight staffing numbers, the ordinary reaction time to necklace telephone calls, and exactly how frequently care strategies are upgraded. Fulfill the nurse, not simply the sales director. Ask for examples of exactly how they took care of a fall recently and a citizen who refused meds. Eat a dish in the dining room and see just how staff speak to homeowners. Stand near the lifts at shift modification, not simply during the excursion hour.
- For in-home care, ask the agency concerning backup coverage, how they deal with a late or absent caregiver, and whether you fulfill the caregiver before the initial shift. Clarify who educates on the treatment strategy and how modifications are interacted. Confirm their employees are W-2 staff members covered by workers' compensation. If they propose live-in treatment, ask the amount of undisturbed hours the caregiver will sleep and that covers during those hours if your parent requires help.

You are not being hard. You are doing due persistence for Elder Care.

The grandfather clause of assisted living for a parent at a distance

Adult children who live far away encounter added stress. If you are a two-hour trip from your mommy, in-home treatment needs a neighborhood point person, paid or family. Aided living can provide the oversight you can not supply from afar, but it is still worth arranging a neighborhood advocate. Consider hiring a care supervisor, occasionally called a geriatric care manager or maturing life care expert, for routine check-ins and to participate in care strategy meetings. A monthly report with images and notes is gold when you can not go down in.



Distance additionally affects emergency situations. If your daddy remains in assisted living, an autumn triggers a phone call from the nurse, and they prepare the healthcare facility transfer. If he goes to home with a caregiver, the agency trains for emergencies, but the caretaker may be alone and rattled. Both scenarios can function. The distinction is that collaborates in the initial disorderly hour.

Building a sensible spending plan and timeline

Most families underestimate 2 points: the length of time the requirement will certainly last and exactly how quickly costs can escalate with intricacy. Map a base situation and a stretch instance. If the base case is two years at 6,000 dollars monthly for assisted living, ask what happens if it ends up being four years with memory care charges pressing the total amount to 8,500 bucks. If the home treatment base case is 30 hours a week, rate 60 and 80 hours. If the numbers break the strategy, bring that right into the open. In some cases marketing a home earlier rather than later funds better care and minimizes risk. Often moving in with a family member works well for a period, especially if you can carve out genuine respite and personal privacy on both sides.

When to review the decision

Care plans are living papers. Triggers for reevaluation include a hospitalization, a new autumn with injury, significant weight loss, raised urinary incontinence, or new habits like wandering, aggressiveness, or concealing medications. On the family side, consider caregiver health and wellness. If the main spouse-caregiver's high blood pressure spikes or the adult child's work goes to risk, that is a trigger too. Arrange formal testimonials. For helped living, participate in quarterly care meetings and request for information, not just impressions. For home treatment, hold month-to-month check-ins with the agency manager and the caregiver, even if it's working out. Tiny training course adjustments early prevent crises.

A quick story of a pivot done well

A child called after her mother, a previous educator with advancing Alzheimer's, started losing her dentures and implicating the mailman of theft. She lived alone on a silent street. They started with day-to-day afternoon in-home care, the window when sundowning hit hardest. The caregiver was a retired art therapist that brought watercolors and music. It benefited 4 months. After that night wandering began. They included an over night caretaker 3 nights a week, but the rest disruption on off evenings left her mom exhausted and the daughter nervous. After a family members conference, they prepared a reprieve month in Memory Treatment. The personnel coaxed her into a rhythm with familiar tunes from her training years and a morning walking club. The little girl saw most nights, often joining the team for a challenge. After three weeks, her mommy stopped asking to go home and started asking when the songs began. They made the action irreversible. The daughter's voice altered, lighter. She claimed, I can be the child again.



That arc is not global, but it is common sufficient to map a course: start with the least disruptive support, add structure as needs grow, change settings when security and sleep tip the scale.

Final ideas to direct a positive choice

You are choosing in between two good options, each with friction. Aided living deals structure, social life, and 24-hour insurance coverage, at the expense of some autonomy and a monthly charge that is significant but predictable. In-home elderly care protects location, pet dogs, and rhythms, with prices that scale with need and an administration lots that remains on the family members's shoulders. Memory take care of parents with mental deterioration is a specialized part, justified when habits or safety outstrip what a home can soak up or when the family's health and wellness goes to risk.

Start with the person, not the setup. List what issues most to them in ordinary language: hot coffee early, the pet cat on the bed, a risk-free shower, somebody nearby in the evening, a yard, a silent room. Develop external from that. Stroll the math, including the tired days and the 2 a.m. hours, not simply the sunny afternoons. Ask blunt inquiries of service providers. Trial, procedure, and change. Excellent Elder Treatment is not a solitary choice, it is a collection of timely, gentle telephone calls made with clear eyes and consistent hearts.

- 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](#)

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.