

Business Name: BeeHive Homes of Plainview

Address: 1435 Lometa Dr, Plainview, TX 79072

Phone: (806) 452-5883

BeeHive Homes of Plainview

Beehive Homes of Plainview 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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1435 Lometa Dr, Plainview, TX 79072

Business Hours

- Monday thru Sunday: 9:00am to 5:00pm

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Families frequently inform me the first tour felt persuading, the sales 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 pledges made at twelve noon. Memory care is successful or stops working in the small hours of daily life, not in the lobby throughout an assisted visit. That is why a brief, structured respite stay is among the most reliable methods to select the best community for long-term dementia care.

I have helped scores of families place a parent or spouse after months of tension in the house. The greatest relocations hardly ever started with a deposit. They began with a trial, typically a respite stay of 7 to 1 month. A great respite stay shows you how your loved one sleeps, eats, and settles with a new routine. It reveals you how the care group manages confusion at 5 a.m., lost dentures, or a blood pressure spike after lunch. Most significantly, it gives your loved one a chance to feel the location, not just visit it.

What respite stays look like in memory care

Respite care in a memory care community is a short-term, furnished stay with access to the same services that irreversible residents receive. The precise setup differs, but a few patterns hold:

- Duration and timing. A lot of programs provide stays from 7 to 1 month, though I have seen 3-day minimums for immediate caretaker breaks and 45-day options when a home renovation or recovery is underway. The calendar matters, considering that weekends and holidays can reveal various staffing patterns than midweek days.

- Suites and furnishings. Respite suites are generally furnished, which makes flying starts easier. That said, little individual touches speed orientation. A familiar quilt or a framed wedding event photo frequently has more settling power than a brand-new armchair.
- Rate structure. Anticipate day-to-day rates that fall between the community's published monthly rate divided by 30 and a 10 to 25 percent premium for short-term flexibility. If the community uses level-of-care pricing, the respite rate might include only a base tier, with supplements included for insulin administration, 2 individual transfers, or regular redirection.
- Assessment and documentation. Even for a short stay, communities complete a nurse evaluation, evaluation medications, and demand a physician's orders. Some require a tuberculosis screen or chest X-ray within the last year, and proof of COVID and flu vaccination or a waiver. A brief service plan is developed from that consumption and must not be an afterthought.



- What is consisted of. Meals, housekeeping, activities, and fundamental individual care are basic. Treatment services, private caretakers, and outside consultations are generally billed individually. Transport for medical visits during respite may not be offered or might bring a fee.

These guardrails exist for good reason. Memory care is not a hotel, it is a specialized form of senior care that mixes clinical regimens with daily life. The assessment action, even if it feels administrative, is where a community decides whether it can securely satisfy your loved one's needs.

What a tour can disappoint, and a trial can

A tour is staged. A respite stay is lived. Several important truths emerge only when someone sleeps, bathes, and eats in the space.

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

The true 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 observe if the exact same three aides keep appearing, calm and constant, or if every day feels like a brand-new cast of strangers.

Meals inform you more than menus do. See whether staff notice if someone stops eating midway through or requires hints to cut food. See if finger foods are available for those who pace. A person with dementia can lose 5 pounds in a month if meal support is weak.

Activity programs expose engagement style. Calendars can look full without depth. During respite you can see if the 10 a.m. Activity draws people from their rooms, if personnel adjust jobs for different cognitive levels, and if quieter locals get one to one time.

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

Most families also detect tone. Some communities run on hurried compliance. Great memory care operates on relationships. The difference feels apparent within a few days.

What to watch during a respite trial

Use the stay to gather genuine, concrete observations instead of general impressions. A short list assists focus your time.

- Transitions: Note the first 3 mornings and bedtimes. For 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 instead of discussing them.
- Response times: Time the interval from pushing a call pendant to personnel arrival a minimum of twice, once during the day and as soon as at night.
- Engagement: Track the number of minutes your loved one spends in typical areas, and whether an activity holds their attention for at least 15 to 20 minutes.
- Health markers: Weigh on arrival and departure, note hydration triggers, bowel pattern, and any skin modifications. Little shifts can foreshadow bigger issues.

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

Preparing a person with dementia for a brief stay

A smooth respite starts days before arrival. Individuals dealing with cognitive changes read more from tone, rate, and environment than from explanations. Frame the remain in language that matches your loved one's reality. For someone who misses out on office life, call it a short-term task while your house gets serviced. For a retired instructor, describe it as assisting at a friendly program.

Pack light, however pack wise. 3 or four attires that are easy to place on and take off, supportive shoes, and identified socks avoid morning hold-ups. Bring existing prescriptions in initial bottles unless the neighborhood requires drug store blister loads. Include hearing aids with a labeled case and extra batteries, glasses with a strap, and denture cups with names. Label everything, consisting of the quilt and sweatshirt. Neighborhoods try, but laundry is an effective great void in any shared setting.

Create a one page life story. Include preferred name, past career, routines, sets off, relaxing techniques, favorite foods, music that soothes, bath choices, and crucial family contacts. Include a little photo collage. Excellent groups will post this at the workstation or in the space, and you will see aides use it to stimulate discussion and minimize distress.

If you utilize tracking innovation in your home, like a GPS watch, ask how it fits with the neighborhood's policies. Many memory care systems have safe perimeters and will want to coordinate settings to prevent false alerts.



Working with the care group during the stay

The assessment is not a one time occasion. Utilize the very first 72 hours to refine the care strategy. Share concrete examples of behaviors that respond to particular techniques. If your better half 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 series and decrease verbiage.

Arrive at a little various times over the very first week. Early morning and late afternoon give the clearest image. Keep your visits supportive, not supervisory. Communities work best when families are partners in dementia care, not enemies. That stated, continue with courteous uniqueness. Vague feedback produces unclear modification. Explain what you appreciate with the same precision. Staff notice.

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

Reading the small print around expense and commitments

Respite is shorter, but the financial rules matter. Clarify whether there is a separate respite agreement or if it falls under a standard residency contract. Ask if a part of the respite charge transforms to a credit against an ultimate move in charge. Some neighborhoods 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 consist of diabetic management, specialized wound care, or more person transfers. If the nurse will reassess care level mid stay, ask how modifications are communicated and priced. For a 14 day remain, a level step up midway through can include several hundred dollars unexpectedly.

Get clear on deposit, refund, and cancellation rules. If your loved one declines to stay or is hospitalized on day 2, you need to know whether fees prorate. Ask who is financially accountable for losses, spills, or damaged furniture in a supplied respite suite. This hardly ever becomes a problem, however dementia care lives in the real life of accidents.

Insurance protection for respite is limited. Standard Medicare does not cover custodial respite in memory care communities. Some long term care insurance plan reimburse brief stays if preauthorized and if the neighborhood meets licensure criteria. Veterans may qualify for limited respite advantages through the VA, either in VA contracted centers or via versatile in home support. Confirm with the insurer before you set up the start date.

Clinical competence is the hinge that everything swings on

Memory care is not interchangeable from one building to the next. The distinction depends on training depth, group stability, and the culture around habits. I listen closely when personnel explain citizens. Do they label people by difficulties, like wanderer or feeder, or do they tell you Mr. R likes jazz at 4 p.m. Since that is when he used to commute? This language means the operating system.

Ask about personnel training hours specific to dementia care, not just basic orientation. I search for at least 8 to 12 hours initially, with refreshers every quarter. Probe night shift training as independently as day shift. Inquiry task patterns. Constant staffing builds trust, and trust lowers medication use over time.

If your loved one copes with Parkinson's dementia, Lewy body dementia, frontotemporal dementia, or mixed vascular modifications, check out how the group adapts. These conditions do not provide the same requirements. Visual hallucinations in Lewy body respond poorly to many antipsychotics. Frontotemporal dementias typically need structure that decreases impulsivity instead of redirection for memory spaces. Neighborhoods that understand these distinctions will describe specific methods quickly and confidently.

Look at nurse protection. Lots of states require a nurse on call, but not on website, for assisted living level memory care. For someone with intricate diabetes, anticoagulation, or cardiac arrest, I choose communities with on site nurse existence for at least part of the day, every day. If staffing is lean overnight, trustworthy escalation to an on call nurse matters.

Daily life, not simply safety

Families fret first about security, which is appropriate. Guaranteed exits, elopement procedures, and fall prevention deserve scrutiny. Yet quality of life typically switches on quieter features. Exist flexible meal windows for individuals who wake late? Are snacks offered for grazers who battle with 3 big meals? Do residents sit at consistent tables that encourage social connection, or does seating shift in manner ins which confuse?

People with dementia frequently benefit from routines that blend predictability with choice. The very best activity calendars are not the busiest, they are the most personalized. A male who fished every weekend might connect with a weekly water themed sensory cart, not a generic bingo square. Ask how specific interests get woven into the program beyond one to one volunteers.

Outdoor access is another quality marker. Fresh air decreases agitation for lots of people, particularly those who paced when they were younger. A little safe and secure patio area utilized daily does more good than a large courtyard that opens two times a month.

Behavior support viewpoint tells you what happens on difficult days

Every neighborhood declares it handles habits. Inquire about particular tools. I look for nonpharmacologic approaches built into day-to-day routines, not just took out when there is a crisis. For example, do assistants have peaceful activity sets for restless citizens? Do they turn stimulating and calming areas to manage energy? When a resident set out during individual care, do they pause, march, and reapproach with a various team member, or push through and escalate?

Medication has a function in dementia care, especially for extreme distress, anxiety, or psychosis. It must not be the default for staffing gaps or rushed routines. During respite you can read patterns. If a PRN is utilized three afternoons in a row, ask what took place in the hours before, not only what took place at the minute of dosage.

Cost math that appreciates caretaker reality

Home care, adult day, and memory care are not apples to apples. Families typically compare month-to-month community expenses to their existing out of pocket in your home and see a big jump. Include the unpaid hours you or a spouse spend, the night wakings, and the opportunity expense of missed out on work. The calculus changes.

Daily respite rates frequently vary from 150 to 300 dollars depending on region and care level. Adult day programs usually land in between 70 and 140 dollars each day, frequently with transportation included. In home assistants can run 28 to 45 dollars per hour, with greater rates for nights and weekends. If your loved one needs near constant supervision for safety, a memory care respite can be both a break and an information abundant trial rather than just another expense.

If financial resources are tight, try a much shorter weekday focused respite to sample normal staffing, then arrange a weekend stay later to assess off hour protection. Some communities provide minimized rates during low tenancy periods or credit part of the respite toward a future move. Ask directly. Sales teams have latitude they do not advertise.

A short story from the field

A child brought her mother to a 10 day respite after a hospitalization. At home, the mother had actually started pacing in the evening, knocking on next-door neighbors' doors by dawn, and refusing showers. The first 2 days at the neighborhood were rough. The mother tried to leave through the staff door, called for her mother, and refused breakfast. The staff did not press, but they did not pull away either. The activity coordinator discovered the mother paused at a corridor photo of a 1950s kitchen. They printed a larger copy and taped it inside her room near the bathroom. On day 3, the child checked out early, and they attempted the shower with music from the Andrews Sisters and a familiar green towel from home. It worked. By day five, the mother was participating in a brief 9 a.m. Coffee group and consuming half a muffin. The daughter extended the respite to 21 days, then converted to long term. The deciding factor, she told me later on, was not that the [assisted living](#) behavior stopped. It was that the group kept adjusting, kept trying little, gentle tweaks, and welcomed her to help shape them.

When the trial states no

Not every respite ends in a relocation, and that can be a gift. One gentleman became more agitated during his 2 week stay regardless of encouraging care. His household saw that he needed a memory care with a smaller sized, quieter environment and a nurse on website 12 hours a day due to complicated Parkinson's medications. They utilized the notes from the respite to improve their search criteria, explored three communities that matched, and tried a second respite somewhere else. The second setting fit. Had they signed a lease at the very first community, they would have been locked into a pricey and difficult second move.



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

Turning a brief stay into a smooth long-term move

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

- Ask the group to keep the exact same room and main aides if possible. Familiar faces and layout minimize disorientation.
- Convert the respite care strategy into a full service strategy with particular language about what worked throughout the trial.
- Move individual items in phases. Start with fundamentals and a couple of favorites. Add more design progressively over the very first 2 weeks.
- Schedule household visits at constant times the first week post relocation, then gradually vary times so the resident engages even when you are not there.
- Set a 30 day check in with the nurse and administrator to evaluate weight, sleep, engagement, and any medication changes.

If the community charges a community fee or requires new documents, do not assume anything rollovered from respite. Read again. Details drift in between departments, particularly when sales, nursing, and business offices each manage a piece.

Red flags that matter, even during a brief stay

I prevent giant warning lists, but a few patterns deserve attention. If you see staff canceling activities repeatedly since they are short, consider what else gets cut. If call lights go unanswered in the evening while you wait with your parent in the hall, do not justify it away. If the nurse can not describe medication modifications plainly, or if the physician is inaccessible for days, anticipate more of the exact same later on. If your loved one loses more than 2 pounds in a 2 week respite without an apparent factor, and nobody observed until you asked, food support might be weak.

On the favorable side, when an assistant remembers a story from your father's Navy years and utilizes it later on to calm him, you have seen relationship based care. When a janitor welcomes 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 move is months away

Caregivers typically think twice to try respite while they still manage in your home. They stress it signifies surrender or that their loved one will feel deserted. Utilized well, respite is not an ending, it is a tool. It can provide a spouse 10 continuous nights of sleep to reset patience and health. It can let you test driving patterns, like getting to a doctor without two hours of coaxing. It can also serve as a security valve for emergency situations. If you have currently completed consumption at a community through a previous respite, a sudden hospitalization for the caretaker will not end up being a placement crisis.

Some households set a cadence, two brief stays each year. The individual with dementia experiences the environment as familiar, not foreign, that makes any future permanent relocation less disconcerting. Personnel know the individual, and their care strategy is already a living document.

Final ideas from the trenches

Choosing memory care is not about finding the prettiest structure or the most affordable price. It is about the daily fit between an individual's dementia care requirements and a team's capability to meet them with skill and respect. A respite trial pulls that fit into view. It slows the choice enough to let you see what matters most while your loved one experiences the place beyond a lobby conversation.

If you treat respite as both a break and a field test, prepare well, partner with the group, and view the quiet information, you will enter long term care with more self-confidence. The right neighborhood will reveal itself not with promises, however with consistent, common competence. And that is the ground you can develop on.

BeeHive Homes of Plainview provides assisted living care

BeeHive Homes of Plainview provides memory care services

BeeHive Homes of Plainview provides respite care services

BeeHive Homes of Plainview supports assistance with bathing and grooming

BeeHive Homes of Plainview offers private bedrooms with private bathrooms

BeeHive Homes of Plainview provides medication monitoring and documentation

BeeHive Homes of Plainview serves dietitian-approved meals

BeeHive Homes of Plainview provides housekeeping services

BeeHive Homes of Plainview provides laundry services

BeeHive Homes of Plainview offers community dining and social engagement activities

BeeHive Homes of Plainview features life enrichment activities

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

BeeHive Homes of Plainview promotes frequent physical and mental exercise opportunities

BeeHive Homes of Plainview provides a home-like residential environment

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

BeeHive Homes of Plainview assesses individual resident care needs

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

BeeHive Homes of Plainview assists qualified veterans with Aid and Attendance benefits

BeeHive Homes of Plainview encourages meaningful resident-to-staff relationships

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

BeeHive Homes of Plainview has a phone number of (806) 452-5883

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BeeHive Homes of Plainview has a website <https://beehivehomes.com/locations/plainview/>

BeeHive Homes of Plainview has Google Maps listing <https://maps.app.goo.gl/UibVhBNmSuAjkgt5>

BeeHive Homes of Plainview has Facebook page <https://www.facebook.com/BeeHivePV>

BeeHive Homes of Plainview has an YouTube page <https://www.youtube.com/@WelcomeHomeBeeHiveHomes>

BeeHive Homes of Plainview won Top Assisted Living Homes 2025

BeeHive Homes of Plainview earned Best Customer Service Award 2024

BeeHive Homes of Plainview placed 1st for Senior Living Communities 2025

People Also Ask about BeeHive Homes of Plainview

What is BeeHive Homes of Plainview 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 Plainview located?

BeeHive Homes of Plainview is conveniently located at 1435 Lometa Dr, Plainview, TX 79072. You can easily find directions on [Google Maps](#) or call at [\(806\) 452-5883](#) Monday through Sunday 9:00am to 5:00pm

How can I contact BeeHive Homes of Plainview?

You can contact BeeHive Homes of Plainview by phone at: [\(806\) 452-5883](#), visit their website at <https://beehivehomes.com/locations/plainview/>, or connect on social media via [Facebook](#) or [YouTube](#)

Take a drive to [Goodfellas bar and grill](#). provides familiar comfort food that residents in assisted living, memory care, senior care, elderly care, and respite care can enjoy during dining outings.