

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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When households first walk into a smaller senior care home, they frequently look stunned. They anticipate something that feels like a tiny medical facility. Rather, they find a regular house, slippers by the door, the odor of soup on the stove, and locals talking at a dining table that seats 8 instead of eighty.



I have viewed that minute modification people's thinking. Households show up searching for a location that can keep a loved one safe. They leave understanding they may have discovered a place where that loved one can still

live, not simply be cared for.

Smaller homes can be an alternative to big assisted living communities, to standard nursing homes, and often even to remaining at home with cobbled-together assistance. Done well, they provide older grownups a mix of self-reliance, regular, and personalized daily living assistance that is hard to recreate elsewhere.

This is not magic. It is a set of practical options about size, staffing, and philosophy that plays out minute by minute: help with dressing that appreciates modesty and speed, a favorite tea made the proper way, a walk outside when someone feels uneasy rather of another hour in front of the tv. Those information matter more than any pamphlet language about "person-centered care."

What smaller senior care homes really are

Families use many expressions for these settings: residential care homes, board-and-care, care cottages, small-group assisted living. The terms varies by state and nation, but the core idea is consistent.

A smaller senior care home generally implies:

- A licensed residence with a small number of citizens, frequently ranging from 4 to 16, living in a house-like environment.

That is the very first list.

These homes usually provide assisted living level services: help with individual care, medication management, meals, housekeeping, and coordination with outdoors healthcare. They are part of the wider senior care landscape, along with bigger assisted living neighborhoods, nursing homes, and at home elderly care.

Where they vary is scale and environment. Rather of long passages and several dining-room, you see a routine living-room with familiar furnishings, a kitchen that smells like genuine cooking, and bed rooms that look like bed rooms, not hospital rooms. Staff are often called by given names, and residents are too. Shift modifications are quieter, documentation is less noticeable, and routines bend more easily around individual habits.

Not every smaller home provides the exact same level of care. Some run nearly like independent living with light support, others manage advanced dementia, oxygen management, or complex medication schedules. That is why labels alone are not enough. The genuine concern is what daily living support they can deliver, and how that assistance is woven into the rhythm of the day.

Independence and daily living: more than slogans

Families frequently state, "We want Mom to remain independent as long as possible." The problem is that independence looks extremely various at 75 than at 92, and various once again when somebody is living with Parkinson's or moderate dementia.

Professionally, we break day-to-day function into two groups.

Activities of daily living (ADLs) consist of bathing, dressing, grooming, eating, toileting, and transferring, such as moving from bed to chair. Important activities of daily living (IADLs) consist of jobs like cooking, managing medications, paying costs, housekeeping, and utilizing transportation.

Independence does not imply doing everything alone. It indicates having the ability to participate meaningfully in your own life, with the best level of support. A person who can no longer securely enter a tub might still choose their own clothes, comb their hair, and decide whether they prefer an early morning or evening shower. That is independence, even if a caretaker is standing by.

Smaller senior care homes, at their finest, excel at this nuance. With less homeowners and a more home-like structure, staff can change help to the exact point where it is required. Rather of "shower days" determined by a center schedule, a resident might be asked, "Are you feeling up to a shower this morning, or would you choose this evening after dinner?" Rather of a repaired dining hall menu, personnel might observe that somebody has hardly touched breakfast for 3 days and ask, "Would toast and peanut butter sit better than eggs today?"

Those small choices support identity and autonomy. With time, they form how someone feels about themselves: an individual still making choices, not an object being managed.

How smaller homes enhance independence

The advantages of smaller senior care homes are not automatic. They depend on management, staffing, and training. When those align, numerous benefits tend to emerge.

Familiar scale and predictable faces

Human beings orient themselves in area and relationship. Environments that are modest in size, with clear views, are simpler to browse for older grownups, especially those with moderate cognitive disability or visual obstacles. In smaller homes, the path from bed room to restroom to kitchen is short and rapidly familiar. Residents generally learn who lives where, who sits at which chair, and who typically helps with what.

Because there are less locals, personnel turnover is quickly discovered. That can be a weak point if turnover is high, but when management invests in retention, the result is a core team of caretakers who really understand each resident. Mrs. Thompson is calmer after her tea. Mr. Patel chooses his afternoon nap in the reclining chair, not the bed. These information build up into trust. When homeowners trust caregivers, they are more ready to try jobs themselves with a bit of support, rather than preventing them out of worry or confusion.

A various type of staffing pattern

In large assisted living structures, staffing is typically arranged by hallways or floorings. Caretakers might be responsible for 12 to 20 residents each. In smaller homes, the ratio is usually lower, and the roles are less segmented. The exact same individual who assists someone gown might also serve them breakfast, notice that they are strolling more gradually, and later on discuss it to the nurse.

That continuity matters for independence. Rather of intervening only when jobs stop working, personnel can anticipate problems and change assistance. A caregiver might see that a resident is taking longer to button t-shirts but still wishes to attempt. They can recommend loose, front-opening tops, set up the shirt on a flat surface area, and then step back. The resident finishes the job with dignity, not frustration.

From a practical standpoint, I often see smaller homes "catch" practical decrease previously. A caregiver who sees early morning routines every day notifications when a resident begins leaning on the sink to stand up, or when it takes twice as long to connect shoes. Early recognition implies physical therapy or movement help can be introduced before a fall, which preserves both security and confidence.

Flexibility in day-to-day routines

In standard facilities, schedules exist partly to manage complexity: numerous residents, so many tasks. Meals, baths, group activities, and medication rounds cluster around set times. For some people, this structure works well. Others feel pushed into a rhythm that does not match their lifelong habits.

Smaller senior care homes can frequently flex their routines more quickly. If a night owl chooses breakfast at 10:00 rather than 8:00, it is normally possible without interfering with a whole wing. If a resident likes to shower every other day rather than on "Monday, Wednesday, Friday," the group can adjust. That flexibility supports independence by letting individuals live closer to their natural patterns.

One of my preferred examples involves a retired baker who had always woken up around 4:30 in the early morning. When he moved into a small home, the staff concurred that as long as it was safe, he might keep that regular. They pre-set the coffee maker and placed his preferred mug on the counter. He did not bake at that hour any longer, but the quiet time in the dim cooking area with a warm mug in his hands seemed like connection with the life he had built.

Social life without overwhelm

Social contact is important in elderly care. Seclusion speeds up cognitive decline and depression. Big assisted living neighborhoods often promote their activity calendars, and for some citizens, that variety is precisely right. For others, particularly those with hearing loss, anxiety, or dementia, big group occasions feel more like sound than connection.

Smaller homes offer a various design. Conversations usually unfold amongst a handful of individuals: three residents and a caretaker at the table, 2 people folding laundry together, someone chatting with a visitor in the garden. These settings make it much easier for quieter locals to participate. Personnel can tailor activities in the minute: turning an easy task like snapping green beans into a shared activity, or inviting someone to help set the table rather than putting them in a bingo video game they never liked.



It is independence of character, not just function. People can remain shy or social, talkative or reserved, and still be woven into everyday life.

Comparing smaller homes, big assisted living, and remaining at home

Families frequently feel they need to pick in between remaining at home with help, relocating to a large assisted living facility, or transitioning to a smaller care home. Each alternative has strengths and compromises, and the best choice depends on the individual's needs, character, financial resources, and assistance network.

Here is a basic method to consider it:

- Home with services: Optimizes control over environment and routines. Works finest when the home is safe to navigate, family or friends can fill spaces between professional visits, and the person can tolerate periods alone. Cost can be surprisingly high when care requires approach 24 hours.

- Large assisted living: Deals amenities, activity variety, and a social "school." Finest fit to more independent seniors who delight in groups, can adapt to structured schedules, and do not need heavy individually help. Typically a good match early in the aging journey.
- Smaller senior care homes: Supply close guidance and hands-on assistance in an unwinded, residential setting. Usually work best for those who require constant help with ADLs, take advantage of a quieter environment, or feel overloaded in big structures. May be more inexpensive than private 24-hour home care, however less adjustable than living at home.

That is the 2nd and last list.

Respite care can suit any of these categories. Some smaller homes accept short-term stays, providing family caretakers a break. A week or more of respite can likewise act as a "trial run," letting everybody see how the environment impacts mood, mobility, and engagement before making longer-term decisions.

Daily living support in practice

When examining senior care options, households often hear basic declarations: "We assist with all activities of daily living," or "Thorough support with personal care." [respite care beehivehomes.com](https://www.beehivehomes.com) Those expressions do not record what the care feels like from the resident's perspective.

In a smaller care home, a typical early morning might look like this. A caregiver knocks, waits on an action, then enters and greets the resident by name. They ask how the night went and listen to the answer. Together they choose whether today is a shower day or a fast wash-up. The caregiver lays out 2 outfits that match the weather condition and asks which is chosen. If arthritis has stiffened the resident's hands, the caregiver might assist their arms into sleeves while enabling them to pull the t-shirt down themselves.

Medication support is woven in. Tablets are not tossed into small paper cups and lined up on carts in a corridor. Instead, a staff member brings the medication to the resident, explains what each is for if the resident wants to know, provides a favored drink, and waits enough time to make sure whatever is really swallowed. For someone with memory issues, that patience can avoid missed out on doses.

Mobility support frequently gains from the home-like scale. The distance from bedroom to bathroom might be simply far sufficient to count as mild workout, with a caregiver strolling alongside. If someone is unstable, personnel can encourage the use of a walker without turning every transfer into a crisis. They are not watching twenty homeowners simultaneously, so they can take those additional moments at the start of movement, which is when most falls can be prevented.

Meals in a smaller home tend to resemble family-style dining. Choices are frequently more flexible than they appear on a composed menu, due to the fact that the individual cooking is often the one serving. A resident who loved spicy food throughout life should not all of a sudden have everything dull "for simpleness." With a little attention to dietary limitations and chewing ability, favorites can usually be preserved in some form. That preserves pleasure, which in turn supports appetite, weight, and strength.

Housekeeping and laundry become opportunities, not simply tasks. Many locals want to assist fold towels, match socks, or dust their own night table. In a large facility, such participation can be hard to supervise securely. In a small home, a caregiver can stand nearby, chat, and carefully change the work based upon fatigue.

Coordination with outdoors healthcare is likewise part of daily living support. Transport to doctor visits, sharing updates with households, and tracking modifications in habits or hunger all impact independence. I have actually seen smaller homes where caretakers regularly sign up with telehealth visits with the resident, adding useful details that the resident might forget. "She is strolling a bit slower this month, and we noticed more trouble when

she gets up from a low chair." That details can trigger timely physical therapy or medication adjustments, avoiding crises that could require an undesirable move.

Respite care, when used in these homes, follows similar regimens but over a shorter period. It permits both the resident and the household to experience how these assistances impact life. Typically, families are surprised to see improvement in function. With constant, unrushed help, somebody who was "too worn out" to shower safely in the house might manage it regularly again, just due to the fact that they feel less rushed and less anxious.

When a smaller home is not the right fit

No single senior care choice fits everyone. Smaller homes, for all their benefits, are not perfect in every situation.

Residents who require extensive treatment beyond the scope of assisted living, such as ventilator support, complex injury care, or regular IV treatments, are usually much better served in a skilled nursing facility or hospital-based program. Some smaller homes partner with home health companies, however there are limits to what can securely be managed in a residential setting.

Behavioral obstacles can also be tough. A person with extreme aggressiveness, wandering that withstands all intervention, or substantial exit-seeking behavior might need an extremely safe and secure environment with specialized staffing. While some smaller homes are designed particularly for sophisticated dementia, others are not physically set up for consistent redirection and risk management.

Cost is another element. Per-day rates for smaller homes are frequently competitive with larger assisted living facilities, sometimes lower. However, the complete nature of the pricing, while practical, can restrict versatility. In some regions, Medicaid or public funding is less available for small residential options than for bigger organizations, narrowing access.

Personal choice matters too. Some older adults enjoy energy, range, and structured programming. For them, a huge assisted living neighborhood with regular events, an on-site gym, or a hectic lobby might feel more interesting. A peaceful bungalow with 8 citizens, nevertheless well run, might feel too small.

The key is to match the setting not simply to practical needs, but also to character and worths. A shy individual who has always chosen a tight circle of relationships might grow in a smaller care home. A lifelong extrovert who arranged area events might prefer a larger environment, even if it means compromising some versatility around routine.

How to assess a smaller senior care home

When households tour smaller homes, the experience can be stealthily enjoyable. The scale feels comfy, the personnel seem friendly, and it smells like supper. To move past first impressions, focus on what life will look like.

During visits, take notice of who is in typical locations and what they are doing. Are homeowners engaged in small conversations, viewing television with interest, or oversleeping wheelchairs? Do personnel address citizens by name and at eye level, or from a distance while multitasking? Observe how somebody who is puzzled or distressed is dealt with. Calm redirection and gentle explanation indicate training and patience.

Ask specific concerns. The number of citizens are here, and the number of staff are on duty throughout days, nights, and nights? Who prepares meals, and how versatile are they with choices and cultural foods? Can residents select their own waking and sleeping times? How are modifications in health interacted to households? If the home provides respite care, ask how brief stays are integrated into the day-to-day routine.

It is also worth asking caretakers themselves for how long they have actually worked there and what they like about the job. Individuals who feel respected and heard are most likely to remain, minimizing turnover. Connection is one of the greatest indications that a home can support independence gradually, not simply offer standard elderly care.

Regulatory history matters too. Look up examination reports where possible and ask how any kept in mind deficiencies were remedied. No setting is perfect, but a pattern of the very same issues duplicating throughout years is a caution sign.

Keeping identity at the center

The best smaller senior care homes treat independence as more than physical capability. They protect identity: who somebody has been, what they value, what they still wish to contribute.



For one resident, that may indicate listening to symphonic music each early morning while reading the paper, even if a caretaker now needs to hold the paper in place. For another, it might mean continuing to practice a faith tradition, with personnel advising them of service times or organizing transportation. For another person, it might be as easy as preserving an enduring habit of calling a brother or sister every Sunday evening.

Families play a crucial function in this. The more information staff have about biography, preferences, worries, and practices, the much better they can tailor daily living assistance. I typically motivate families to write a brief "about me" file: favorite foods, former tasks, essential relationships, hobbies, and regimens. In a small home, personnel are really most likely to read and use it.

When senior care is arranged this way, self-reliance does not disappear as needs grow. It shifts, from doing jobs alone to directing how those jobs are done. A resident might no longer cook the meal, however they can select what is on the plate. They may not manage their own medications, but they can decide to talk about side effects with their doctor. That sense of agency is what sustains dignity.

Bringing it back to what matters

At its heart, the option of a smaller senior care home is about how somebody will live every day, not simply where they will sleep. It is about whether an individual will feel known when they wake up puzzled, whether a caretaker will keep in mind that they like sugar in their tea, whether there is time in the schedule for a sluggish walk on a good-weather afternoon.

Smaller homes can not fix every issue in aging, and they are not widely the very best choice. Yet when they are attentively run, with steady personnel and authentic attention to daily living support, they offer something many

families yearn for: a setting that can keep a loved one safe without eliminating the patterns and preferences that make that person who they are.

For older adults who need assisted living or respite care, and for families stabilizing safety, self-reliance, and emotion, these homes can bridge the space between "in your home" and "in a facility." They prove that senior care does not need to feel institutional. It can feel like life continuing, with aid, in a smaller and more workable frame.

BeeHive Homes of Andrews provides assisted living care

BeeHive Homes of Andrews provides memory care services

BeeHive Homes of Andrews provides respite care services

BeeHive Homes of Andrews supports assistance with bathing and grooming

BeeHive Homes of Andrews offers private bedrooms with private bathrooms

BeeHive Homes of Andrews provides medication monitoring and documentation

BeeHive Homes of Andrews serves dietitian-approved meals

BeeHive Homes of Andrews provides housekeeping services

BeeHive Homes of Andrews provides laundry services

BeeHive Homes of Andrews offers community dining and social engagement activities

BeeHive Homes of Andrews features life enrichment activities

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

BeeHive Homes of Andrews promotes frequent physical and mental exercise opportunities

BeeHive Homes of Andrews provides a home-like residential environment

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

BeeHive Homes of Andrews assesses individual resident care needs

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

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

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

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

BeeHive Homes of Andrews has a phone number of (432) 217-0123

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BeeHive Homes of Andrews has a website <https://beehivehomes.com/locations/andrews/>

BeeHive Homes of Andrews has Google Maps listing <https://maps.app.goo.gl/VnRdErKxDRfnU8f8>

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](tel:4322170123), visit their website at <https://beehivehomes.com/locations/andrews/>, or connect on social media via [Facebook](#) or [YouTube](#)

You might take a short drive to the [Legacy Park Museum](#). The Legacy Park Museum offers local history and cultural exhibits that create an engaging yet comfortable outing for assisted living, memory care, senior care, elderly care, and respite care residents.