

Business Name: BeeHive Homes of Levelland

Address: 140 County Rd, Levelland, TX 79336

Phone: (806) 452-5883

BeeHive Homes of Levelland

Beehive Homes of Levelland 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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140 County Rd, Levelland, TX 79336

Business Hours

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

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Families seldom plan for memory care in a neat, leisurely arc. More often, a fall or a roaming episode presses the concern to the front burner, and you are asked to make a major, life-shaping choice on short notice. I have sat at kitchen area tables with kids and children holding printed sales brochures in one hand and a medical facility discharge summary in the other, trying to weigh trade-offs that do not fit cleanly in a spreadsheet. The ideal choice blends scientific capacity, a safe and soothing environment, and a rhythm of daily life that matches what your loved one can still take pleasure in. Where the neighborhood rests on a map, how it is licensed, and what day-to-day appear like, all three matter more than the shiny pictures suggest.

What memory care truly provides

Memory care is not a single item. It is a technique to senior care that wraps housing, supportive services, and dementia care practices into one program. You will see it delivered in various settings. Some are dedicated memory care homes within assisted living communities, separated by protected doors. Others are stand-alone structures that serve only citizens with Alzheimer's illness or associated dementias. A smaller piece exists within nursing homes for individuals with considerable medical needs.

What defines memory care is the combination of security functions for people at risk of wandering, personnel trained in dementia-specific communication and habits support, and a day-to-day structure that meets cognitive requirements. Standard assisted living can aid with medications and bathing, however memory care expects distress, misperceptions, and change in function over the course of a day. Great programs do not combat those truths, they work with them.

Short-stay choices exist too. Respite care provides a furnished room, completes, and activities for a defined duration, frequently 7 to 1 month. It can provide a caretaker time to recuperate after surgery, cover an organization trip, or test whether a particular community is a fit before an irreversible relocation. Well-run respite care follows the very same dementia care regimens as long-term stays, which means the trial is a real representation.

The case for picking on location, not simply suppress appeal

Location sets the context for everything else. It affects staffing stability, how typically household can visit, healthcare facility relationships, and even how residents sleep.

Think first about distance to the person's present social life. Familiar faces matter. If the grandkids can come by after soccer because the community is on their route home, visits occur. The difference in between a 15 minute drive and an hour each method appears in genuine attendance, not intention. A resident who sees household weekly tends to preserve much better appetite and engagement, especially during the susceptible first 60 days after a move.

Proximity to healthcare is more nuanced. A neighborhood within 10 to 15 minutes of a medical facility with a solid geriatric system typically benefits from smoother discharges and access to specialty centers. If your loved one has insulin-dependent diabetes, wounds that require routine attention, or a heart device, ask which neighboring suppliers the neighborhood actually utilizes and how transport is organized. I have dealt with a household who selected a neighborhood farther from home since it sat beside a wound care center. That choice avoided 3 emergency department trips in one winter.

Do not overlook environment and light. People dealing with dementia can be conscious abrupt seasonal modifications and early night darkness. A safe courtyard with genuine trees and a strolling loop gets utilized more days of the year in temperate areas, but even in snow nation, a sun parlor or indoor garden can support sleep-wake cycles. If sundowning has been intense, communities that emphasize daytime light direct exposure and afternoon quiet zones usually see less evening outbursts.

Transportation patterns also matter. If the neighborhood is near a busy truck route or a station house, over night sirens can spike stress and anxiety. Visit around 9 pm and listen. On the other hand, a website tucked behind a church or library tends to feel calmer and has integrated places for intergenerational programs and faith services.

Understanding licensing, without the alphabet soup headache

Licensing informs you who oversees the neighborhood and what minimum requirements use. Memory care inside assisted living is regulated by states, not the federal government. Nursing homes are managed under federal Centers for Medicare and Medicaid Solutions rules, with state enforcement. The titles differ. What you require to extract is whether the license permits dementia care, and what training, staffing, and safety requirements that implies.

In California, for example, assisted living is called Residential Care Facilities for the Elderly. A community that markets dementia care must maintain a composed strategy, ensure secured borders or comparable safety measures, and provide dementia-specific training beyond the base requirement. In Texas, specific assisted living facilities hold a Type B license, and those using Alzheimer's certification show additional personnel training and ecological safeguards. Florida layers optional licenses like Extended Congregate Care or Limited Nursing Solutions on top of basic assisted living, signaling whether greater medical needs can be fulfilled. New York acknowledges Assisted Living Homes and a Special Requirements Assisted Living House classification for dementia care units, with guidelines about egress security and programming.

Numbers differ, but a typical pattern is a preliminary 8 to 12 hours of dementia training for frontline staff, plus yearly refreshers. Some states require a nurse on site for a set variety of hours each week, others count on specialists. Fire codes normally require complete structure sprinklers, delayed-egress doors, and staff drills.



Here is the useful relocation. Ask the administrator to describe their license category in plain language and to produce the most recent survey report. Read it. Not every deficiency is damning. A missing signature on a fridge temperature log is various from a pattern of medication errors. In one file I evaluated, the state mentioned the neighborhood for stopping working to upgrade care strategies after falls. That told us the problem-solving procedure was weak, and the family picked a various provider.

Staffing, skills, and continuity after 3 am

Hallways look the same at lunch as they do on a tour. They do not at 3 am. Nurses and assistants make or break memory care since signs do not keep lender's hours.

Look for 24-hour awake personnel, not sleep-over protection. Numerous memory care programs post ratios like one aide for every single six to eight homeowners throughout the day, and one for every single 8 to 10 over night, in some cases with a medication service technician on top. Ratios on their own do not guarantee quality. What matters is the pairing of those numbers with a system's physical layout and the skill of citizens. A compact 20-bed unit with sightlines and consistent homeowners might run securely with leaner staffing than a split-level 30-bed system with frequent elopement attempts.

Ask about nurse coverage. Some communities have a certified nurse on site twelve hours a day and on call over night. Others have a nurse only throughout business week. If your loved one has complex meds, oxygen, catheters, or frequent UTIs, you want everyday nurse presence and strong pharmacy assistance. Excellent teams have escalation protocols, for instance, calling the on-call nurse to examine new agitation for pain or infection before shipping somebody to the hospital.

Staff durability tells another truth. If the life enrichment director has actually existed seven years and the lead aide on nights understands the locals by given name and preferred treat, little crises dissolve before they become big ones. I still keep in mind Marian, a night assistant who kept a set of soft headscarfs in her pocket. A resident who attempted to go "home" every night soothed when Marian looped a headscarf gently over her hands and walked with her, discussing the resident's old porch swing. That is not in a policy book. It is in the people you work with and keep.

Safety by design, not by restraint

Safety in memory care must feel undetectable however present. Door alarms that chirp discretely, [memory care near me](#) not sirens that shock everyone. Postponed egress units with keypads, plus roam management systems that combine to discreet wrist tags if a resident is at high threat. Flooring modifications that indicate space entries without developing visual cliffs. Protected yards that invite walking in circles, a natural human behavior when anxious. Grab bars and excellent lighting are a provided. Search for restroom designs large enough for 2 individuals to assist, since bathing is where numerous citizens withstand help.

Chemical restraint is not safety. Before anybody grabs antipsychotics, the group ought to ask what require the behavior is communicating. Is the individual cold, starving, in pain, overstimulated, or tired. Nonpharmacologic techniques come first, then cautious medication use if risks outweigh advantages. A supplier who can explain their viewpoint in plain words is a much better bet than one who just indicates a doctor's order.

What every day life need to actually feel like

Lifestyle is the underestimated third leg of this stool. A resident's day must begin with something that grounds them in personhood. It may be folding towels side by side with a staff member, watering plants, or listening to a favorite huge band record. Programs rooted in Montessori for dementia strategies, which break jobs into easy actions and offer purposeful functions, often unlock capabilities others assume are gone.

Activity calendars can misguide. Fancy printing does not ensure attendance or fit. Stand in the space throughout an activity. Are five to ten citizens engaged, or are two people engaged while others oversleep wheelchairs versus the wall. Enjoy a meal. Finger foods like soft chicken strips or vegetable sticks assist those who can not manage utensils. Staff needs to offer hand-under-hand support for those who need it, positioning their hand under the resident's lower arm and relocating sync, which protects self-respect and frequently improves intake.

Noise levels matter. Some citizens yearn for a vibrant environment, others unravel in it. A community that can flex - checking out circle in a quiet corner, chair yoga before lunch to manage uneasiness, music with a foreseeable beat rather than the tv roaring - will keep more people content. Look for spaces beyond the dining room where little groups can collect. A multisensory space with manageable light and scent can be magic during late afternoon agitation. You do not need a brand to do this well. You need intention and a personnel who understands who prefers lavender and who hates it.



Spiritual life can be as easy as a weekly hymn sing or a peaceful time with a volunteer from the resident's faith tradition. Cultural fit shows up on plates and calendars. If someone kept kosher or prevented pork out of routine more than teaching, that should be respected. If Spanish is the first language, are there multilingual staff on every shift, not simply once a week.

Costs and contracts without regret

Memory care costs have a range, but you can anticipate a regular monthly base lease in between roughly 4,500 and 9,000 dollars in lots of city areas, with higher tiers in seaside cities and lower in villages. Many communities use a tiered level-of-care design. Level one covers light support, level 3 or four covers more hands-on help, and charges step up as requirements increase. Medication management is often a separate charge per med or per pass. Incontinence products may be pass-through costs. Transport to regular visits might be consisted of when a week, with private trips billed extra.

Watch for neighborhood fees at move-in, typically equivalent to half to one month's rent. Ask whether respite care days can be credited towards the fee if you later on transform to an irreversible positioning. Clarify whether rates are locked for a duration or subject to yearly boosts, and by how much. Excellent contracts spell this out in plain English.

Read discharge requirements. Neighborhoods should discuss when they can no longer safely serve somebody. Bed or chair-bound status, total dependence for transfers without ceiling lifts, or two-person assists may set off a transfer to a nursing home level of care in some states. Other communities hold Extended Congregate Care or similar endorsements and can continue with hospice partners. Knowing the line ahead of time avoids surprise relocations at 2 am.

How to evaluate quality throughout a tour

Brochures do not sweat. People do. The best sense of quality originates from seeing regular days and normal problems managed well. Stop by unannounced if permitted, preferably at different times. Morning demonstrates how personal care is delivered. Late afternoons expose how they handle the witching hour. Meal times discover cues about respect and patience.

Use quick, targeted questions and after that watch the flooring, not the sales representative's face. After a couple of hundred trips, I keep coming back to a small set.

- When a resident refuses a bath for three days, what is your approach and who gets included next.
- How many citizens have actually left in the past 6 months because you could not meet their needs.
- On a normal night, the number of personnel are on the memory care unit and who is the medical decision-maker if something changes.
- What is your process for care plan updates after a fall or hospitalization, and how do households participate.
- If my parent needs hospice, which agencies do you partner with and how do you coordinate.

Expect clear responses. If a supervisor dismisses the bath question with "We never ever have that issue," they might not be seeing what takes place behind the closed door. An honest reply may seem like this. "We attempt a various staff member, change the time of day, offer a warm towel, or suggest a sponge bath. If it continues, our nurse and household talk and we adjust the care strategy."

The function of respite care and trial stays

Families typically think twice to use respite care due to the fact that it seems like confessing defeat. Frame it differently. Respite is a risk reducer. It can expose whether the environment quiets or inflames certain behaviors. It offers the community an opportunity to learn who your loved one is beyond a medical diagnosis. 2 weeks is typically the minimum that produces a fair read, since the very first three days are unusual for almost everyone.

During a respite stay, ask the team to test real-world situations. Attempt a shower on the day and time your parent typically tolerates. Observe at supper and breakfast. If your loved one wanders, see how staff redirect. Good neighborhoods write these observations down and hand you a copy at the end, which makes next actions more confident.

Legal readiness that prevents preventable stress

Moving into memory care brings documents. Tackle it early. Resilient power of attorney and healthcare proxy documents must be existing and accessible. If your state utilizes a Doctor Orders for Life-Sustaining Treatment form, total it with the medical care supplier and the future neighborhood nurse before the relocation. Bring a list of current medications with dosages and times. If your loved one uses listening devices or glasses, identify them and bring additional batteries or a backup pair.



Move-in evaluations are needed in many states, with a re-evaluation within 1 month. Be sincere in those conferences. Families in some cases underreport requires out of pride or fear of greater charges. That backfires. If a resident enters on the incorrect level of care, both the team and the resident struggle. Better to place properly on day one and change down if feasible.

When home is still possible, and when it is not

Not everyone with dementia requires memory care today. Adult day programs, in-home assistants with dementia training, and respite care sprinkled in can keep somebody consistent in the house for months or years. The tipping points I watch are night safety, medication management, and social seclusion. If an individual is up and out the door at 3 am, or can not securely take important medications, the threats at home intensify rapidly. Two hospitalizations in a quarter for falls or infections normally forecast a rough stretch ahead.

There are also positive factors to move previously. Some locals thrive with predictable peer contact and structured days. The myth that everybody decreases much faster in memory care does not hold across the board. I have actually seen locals consume better, sleep much better, and laugh more when the best group surrounds them.

Red flags that must slow you down

Certain check in a tour must trigger more questions. If a community assures they can handle "any habits" without any detail about how, be cautious. If you never ever see a RN in the course of 2 visits, ask about clinical oversight. If the memory care unit smells consistently of urine, that is typically a staffing or training issue, not simply a brief

bad day. If staff speak about residents within earshot as if they are not there, keep looking. Your loved one's dignity depends upon those micro-moments.

On the flip side, little excellent signs build up. A shadow box outside each space with mementos that matter. The cook marching to ask a resident if they want more peaches. A whiteboard on the wall keeping in mind that Mr. H likes coffee black and Thelonious Monk on vinyl. These are not tricks, they are proof that the team pays attention.

A basic shortlist to keep focus when choices feel overwhelming

- Can family reasonably visit typically sufficient to matter, provided range and traffic.
- Does the license cover dementia care with particular training and security standards, and do study reports line up with what you are told.
- Are there awake personnel over night with clear medical backup, and can they satisfy recognized medical needs.
- Does every day life feel calm, purposeful, and tailored to your loved one's preferences, not simply a calendar full of events.
- Are expenses transparent, including levels of care, likely yearly increases, and requirements for when a higher level or a relocation is required.

Print that and keep it in the folder. It anchors conversations when shiny functions try to distract.

Preparing for moving day and the very first month

Success trips on the first thirty days. Load the familiar, not simply the practical. A preferred quilt, framed pictures, a well-worn cardigan, the exact same brand name of soap from home. Label whatever. Coordinate move-in early in the day so there is time to settle before dinner. If your loved one does better with fewer people, restrict the welcome committee. If they yearn for reassurance, stage visits across the very first week so somebody they know exists every afternoon.

Share a one-page life story with personnel. Include labels, past work, regimens, what calms, and what agitates. Note allergic reactions and what a common bad day appears like. I as soon as dealt with a family who wrote, "If Dad asks for his car secrets, use his baseball cap and recommend a walk to the garage. He will discuss the old Chevy and forget the errand." That line saved countless tense moments.

Stay present however offer the group space to construct rapport. Daily check-ins can be brief and warm. Anticipate some uncertain habits in the very first ten days. If it persists or intensifies, request a care plan conference and feature specifics, not simply "She is not herself." Explain times of day, activates you have actually observed, and what utilized to work at home.

The long view

Choosing a memory care home is hardly ever about finding the fanciest building or the most inexpensive rate. It is about weaving together location that supports connection, licensing that signifies real ability, and an everyday way of life that preserves the individual you enjoy. The choice is technical and human at once. When those threads align, small dignities return. Meals are shared without rush. Nights are quieter. A resident hums to a tune they danced to in 1964. Households breathe again, not due to the fact that dementia ended up being simple, however since the environment began doing a few of the work.

If you take absolutely nothing else from this, take the self-confidence to ask really specific concerns, visit at off hours, and observe the material of life. Memory care done well is not a mishap. It is a set of options about place, requirements, and how individuals spend their hours. Your choice can set the phase for the best possible variation of the next chapter.

BeeHive Homes of Levelland provides assisted living care

BeeHive Homes of Levelland provides memory care services

BeeHive Homes of Levelland provides respite care services

BeeHive Homes of Levelland supports assistance with bathing and grooming

BeeHive Homes of Levelland offers private bedrooms with private bathrooms

BeeHive Homes of Levelland provides medication monitoring and documentation

BeeHive Homes of Levelland serves dietitian-approved meals

BeeHive Homes of Levelland provides housekeeping services

BeeHive Homes of Levelland provides laundry services

BeeHive Homes of Levelland offers community dining and social engagement activities

BeeHive Homes of Levelland features life enrichment activities

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

BeeHive Homes of Levelland promotes frequent physical and mental exercise opportunities

BeeHive Homes of Levelland provides a home-like residential environment

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

BeeHive Homes of Levelland assesses individual resident care needs

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

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

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

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

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

BeeHive Homes of Levelland has an address of 140 County Rd, Levelland, TX 79336

BeeHive Homes of Levelland has a website <https://beehivehomes.com/locations/levelland/>

BeeHive Homes of Levelland has Google Maps listing <https://maps.app.goo.gl/G3GxEhBqW7U84tqe6>

BeeHive Homes of Levelland Assisted Living has Facebook page <https://www.facebook.com/beehivelevelland>

BeeHive Homes of Levelland Assisted Living has YouTube page <https://www.youtube.com/@WelcomeHomeBeeHiveHomes>

BeeHive Homes of Levelland won Top Assisted Living Homes 2025

BeeHive Homes of Levelland earned Best Customer Service Award 2024

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

People Also Ask about BeeHive Homes of Levelland

What is BeeHive Homes of Levelland 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

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 Levelland located?

BeeHive Homes of Levelland is conveniently located at 140 County Rd, Levelland, TX 79336. 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 Levelland?

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

[Brashear Lake Park](#) offers walking paths and water views ideal for assisted living and memory care residents enjoying senior care and respite care outings.