

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 frequently get to a tour with a knot in the stomach and a list of hopes. They want a location where their parent is safe, however not restricted. They desire staff who really know the person, not simply the medical diagnosis. They also require a contract that will not surprise them when care requires increase. A great tour can respond to those needs, if you understand where to look and what to ask.

What a terrific tour really reveals

A polished lobby and a fresh coat of paint do not tell you much about dementia care. The significant signals are more regular: how rapidly a team member notifications a resident at threat of roaming towards the exit, whether a caregiver kneels to a resident's eye level when speaking, if the schedule bends to the individual instead of the person being bent to the schedule. Take notice of rhythm. Do homeowners seem rushed, or do staff permit time for options? Do you hear real conversation, or just task-focused commands?

Touring is your opportunity to see the home's culture in motion. Ask questions, but also demand to observe small things up close, like a medication pass or a mealtime in the memory care dining-room. The best neighborhoods invite this level of openness due to the fact that they are proud of their routines.

Before you go: line up needs, budget, and timing

Families often lose weeks exploring locations that do not fit the real needs. A short calibration before you step inside conserves time and distress. Talk openly with the primary physician and any home health nurse who

understands your loved one. Name the daily truths: incontinence, exit seeking, sleep reversal, sundowning, swallowing concerns, falls, hostility activated by bathing. A community that shines for mild amnesia might not be geared up for late-stage dementia or intricate medical care.

Use this short checklist to prepare, and bring responses on tour:

- Current medical diagnoses and leading three care challenges
- List of medications and who prescribes them
- Mobility status, recent falls, and assistive devices
- Budget variety and funding sources, including long-lasting care insurance coverage or veterans benefits
- Preferred hospital, hospice, and medical care relationships

Having these details noticeable assists the neighborhood give particular answers, not vague peace of minds. It also lets you compare apples to apples when you examine costs and care tiers.

Staffing and training: who is truly doing the work

Most of memory care is human work. Ratios matter, however they do not inform the whole story. Ask for common staffing by shift for the dedicated dementia care system: day, night, and overnight. Many neighborhoods report ranges like 1 caregiver for 6 to 8 citizens throughout the day, 1 for 8 to 10 at night, and 1 for 12 to 15 overnight, with a nurse either on-site or on-call. Listen for how they manage call-offs and rises in need. A posted ratio indicates little if it collapses every weekend.

Ask about training content, not just hours. State minimums might be 8 to 12 hours each year, which hardly covers the basics. Strong programs go deeper: recognizing and preventing delirium, nonpharmacologic methods to distress, safe transfers for contractures, interaction strategies for aphasia, and trauma-informed care. Demand examples of recent trainings and who attended. If they utilize company personnel, how do they orient them to resident histories and behavioral care plans?

Probe guidance. A floor nurse who is also covering 2 other systems can not coach caregivers in the minute. Ask, during a common afternoon, who can step in to lead a de-escalation or adjust PRN medications if a resident is pacing and tearful.

Care planning and clinical oversight

Your loved one is more than a set of tasks. The care plan ought to reflect that. Ask how the preliminary evaluation is carried out and who participates. A strong approach includes input from nursing, activities, dietary, the household, and, when possible, the resident. Ask how quickly they finish the first care strategy after move-in. Forty-eight to seventy-two hours is an affordable target, with an official evaluation at 30 days.

Inquire about physician protection. Some memory care neighborhoods partner with a devoted geriatrician or innovative practice supplier who rounds weekly or biweekly. Others rely on outside medical care visits. There is no single right model, however clearness matters. Who manages emergent concerns like a presumed urinary tract infection on a Sunday night? How are labs drawn? Can they administer intramuscular injections on-site? If they point out telehealth, ask how they take crucial signs and who helps with the visit. An excellent answer includes ready pre-visit notes and a way to carry out orders promptly.

Medication management should have a deep dive. Watch a med pass if allowed. Are medications crushed securely when required, and are permission and pharmacy guidance documented? How do they track refusals?

Request for their last study's medication error rate and how they resolved it. Even if they do not share numbers, their determination to talk about quality indications tells you a lot.

Safety you can feel, not simply see

Locked doors are not the only indication of a safe dementia care system. Take a look at sightlines. Staff must be able to see typical locations without leaving one resident alone in a corner. Look for purposeful style: contrasting colors on bathroom fixtures so depth perception issues do not lead to falls, basic signs with both words and photos, flooring with low glare to minimize the illusion of wet spots. If the building uses alarms, test one. How quickly do personnel react to a door chime or a wearable alert? Under one minute in common areas is a strong requirement; longer responses call for follow-up questions.

Outdoor space is not a high-end. Ask how frequently locals go outside and who monitors. A fenced garden that nobody uses is not meaningful. Look for chairs with arms for much easier sit-to-stand, shaded paths, and something to do with hands, such as raised planters or a bird feeder. Ask how they deal with heat waves or bad air quality days.

Fire safety and elopement strategies need to be more than binders on a rack. Request a plain-language description of their last genuine occurrence and what changed because of it. You are not looking for perfection; you are looking for a culture that learns.

Daily life: rhythm, option, and purpose

In a good dementia care setting, the day has a mild structure with space for a person's long-held practices. Ask to see the day's activity calendar, then compare it to truth in the living room. Are individuals dozing while an employee skims a binder, or do you see little groups with customized jobs? Activities require not be elegant. Folding towels, matching socks, sanding a block of wood, checking out the sports page aloud, or listening to music from the [memory care home](#) right years can all be therapeutic. The concern is whether staff can align the right activity with the ideal individual at the right time.

Look at early mornings. Locals with dementia typically have a hard time most with bathing and dressing. Ask how they ease this, particularly for somebody who withstands showers. Listen for techniques such as warm towels, detailed cueing, alternate bathing days, familiar music, and allowing a resident to assist with their own care even if it takes longer. Time pressure is the enemy here.

Sleep patterns expose the health of the unit. If your father wakes at 4 a.m. Every day from years on a farm, can the group offer coffee, a peaceful walk, and safe guidance instead of insisting on a standard wake time? If nights are chaotic, you will sense it in the staff's faces by 10 a.m.

Food, hydration, and dignity at the table

Meal times are windows into culture. Sit in if you can. Is the space calm enough for someone with sensory overload to eat? Are plates in colors that contrast with food, so visual deficits do not cut intake? Ask whether they use adaptive utensils and plate guards without making an individual feel singled out. If your mother has actually dropped weight, request to see their fortified snacks and between-meal hydration regimen. Drinking from a favorite mug, healthy smoothies with included protein, finger foods for those who rate, and small, regular deals typically beat big, official meals.

Texture-modified diets need skill. Observe how they plate pureed foods. Do they look tasty, or like scoops on a tray? If a resident coughs throughout the meal, does personnel know the swallow strategy and how to react

without shaming? Ask how they train new hires on dysphagia and choking action. If they use thickened liquids, who sets the level and who examines adherence?

Families stress over alcohol. Bring it up if appropriate. Some neighborhoods allow a monitored glass of wine; others do not. The ideal answer is the one that fits security and the individual's worths, with clear documentation.

Behavioral assistance without reflex to restraints

Distress habits are interaction, not "acting out." Explore how the team checks out those signals. Request a story of a resident who routinely called out or tried to leave. What did they try initially? Strong programs begin with triggers and patterns: pain, infection, dullness, irregularity, medication negative effects, overstimulation, grief. They change environment and regular before requesting psychotropics.

Ask who can order PRN antipsychotics, how typically they are used, and what the evaluation process looks like. Numerous regions require gradual dose decreases and monthly evaluations; compliance shows up in how quickly they can describe their information and oversight. Physical restraints in dementia care are unusual and generally unsuitable, however the edges can be gray, like lap belts or "scoop" chairs. Ask how they specify restraint, how they look for permission, and what alternatives they try.

When an acute crisis occurs, where do they send out residents? Some areas have geriatric psychiatric units; others count on emergency situation departments. Neither course is simple. Ask what staff does in the very first 30 minutes of a crisis and who sticks with the resident throughout transfer. Empathy during the worst moments matters as much as any amenity.

Family participation and real-time communication

Families are not visitors; they are partners. Ask how typically the team will proactively call you, and what triggers a same-day upgrade. Examples include a fall, a brand-new skin tear, refusal of three or more meals, a new medication, or a substantial change in mood. If they use a household app, ask what is documented there versus what still needs a direct call. Innovation helps, however it does not change judgment.

Request the schedule of care plan conferences. Quarterly is common, however monthly check-ins throughout the first 90 days frequently make the difference in between a rocky relocation and a steady one. Ask whether you can leave short notes about life history, chosen music, or comfort products. A binder of "About Me" pages works only if personnel in fact reads it. Enjoy whether caretakers can tell you three individual realities about locals in the room. If not, paperwork is not reaching the floor.

Visiting hours and flexibility matter. If evenings are your only time, will staff welcome you, or does the unit shut down at 5 p.m.? If you wish to take your spouse out for a drive, what is the sign-out procedure and how do they prepare medications or snacks?

Pricing, contracts, and what modifications your bill

Memory care prices is rarely easy. Some neighborhoods provide extensive rates, others use tiered care levels, and many layer task-based fees on top of base lease. Request a blank agreement and a sample declaration that matches your loved one's profile. Then develop situations. If your father starts to need two-person transfers, what cost is included? If your mother develops insulin-dependent diabetes, who manages injections and at what cost? Clarify who pays for incontinence supplies, injury dressings, and transportation to outdoors appointments.



Expect memory care to cost more than general senior care assisted living, provided the staffing intensity. In many regions, private-pay memory care ranges from the low \$5,000 s to over \$10,000 monthly, with metropolitan areas frequently at the top of the range. Extensive noises reassuring, however verify what "all" implies. Ask what would force a move to a higher-acuity setting. Some homes can not manage feeding tubes, sliding-scale insulin, or persistent exit seeking with hostility. Calling those limits now spares you a crisis later.

If you anticipate a short-term requirement, ask about respite care. Respite stays, often 14 to 30 days, can cost more per day, but they let you test the fit and recover as a caregiver. Clarify whether respite citizens get the very same staffing and activity gain access to as full-time homeowners and how shifts to irreversible positioning work.



Transitions, hospitalization, and the last chapter

No one likes to think about it throughout a tour, but you should. Illness and decrease become part of dementia. Ask how the neighborhood manages medical facility transfers. Do they send an employee or a detailed packet with medication lists, standard behaviors, and interaction needs? The objective is to decrease delirium and prevent return visits. In some locations, on-site x-ray and lab services decrease avoidable hospital journeys; ask what is available.



Hospice can be a gift for late-stage dementia, adding nursing, social work, spiritual care, and equipment assistance. Not every dementia care community partners well with hospice. Ask how many existing locals receive hospice, where they pass away, and what convenience measures prevail. A great response consists of family existence at odd hours, familiar music, mouth look after comfort, and personnel who understand terminal uneasiness. If a location sounds squeamish about this phase, think twice.

Special circumstances: young-onset, language, culture, and couples

Not all dementia looks the exact same. Young-onset cases may provide with more physical strength, various behavior profiles, and social requirements that do not fit a conventional bingo calendar. Ask whether they have actually taken care of homeowners under 65 and what they changed to support them. Language and culture also form daily life. If your parent speaks little English now, can the group communicate basic requirements and comfort? Exist multilingual team member on every shift, not simply daytime? Food, holidays, music, and faith practices need to match the individual whenever possible.

Couples face a hard trade-off. Some communities permit a spouse to live on the dementia care system; others keep memory care separate. Ask about mixed-level alternatives, such as adjoining rooms throughout care levels, and how prices works for the well spouse. Clarity here saves pain later.

What your senses pick up: little warnings worth heeding

You will take in more than you recognize throughout a walk-through. Train your senses to observe these cues:

- Staff talking over homeowners or describing them as "feeders" or "two-persons"
- Long wait times after a call bell or noticeable restlessness without engagement
- Strong odors that stick around in multiple areas, not just briefly in a bathroom
- A calendar loaded with activities that do not match what locals are really doing
- Defensive responses when you request for information on falls, medication errors, or turnover

None of these alone is a deal-breaker, but taken together they sketch a pattern. A positive team answers hard concerns without flinching and welcomes you back at an unannounced time to see for yourself.

Comparing homes after multiple tours

After three or 4 trips, details blur. Write down observations the exact same day. What did personnel call homeowners, by name or "sweetie"? Did anybody inquire about your parent's life before the illness? Did a

manager appear on the flooring and connect naturally, or just during the scripted meet-and-greet? Keep in mind sensory impressions at meals, hallway sound, and lighting. If you can, return at a different hour, such as late afternoon when sundowning can peak. A neighborhood that feels calm at 10 a.m. Might run hot at 5 p.m.

Align your notes to the person's worths. If your mother constantly kept a garden, a vibrant yard and day-to-day outside strolls may surpass more recent furniture. If your father treasured privacy, a quieter wing with smaller sized dining rooms might matter more than group activities. Cost still counts, but remember that a community that avoids one hospitalization or one major fall can balance out greater regular monthly expenses, both economically and emotionally.

Questions that open doors to real answers

Well-framed concerns prompt particular, sincere replies. Instead of "Do you handle behaviors?", try "Inform me about a recent afternoon when a resident attempted to leave. What did you attempt first, and who pertained to assist?" Instead of "Is your staff trained?", ask "What was last month's dementia training subject, and how do you assess whether it changed practice on the floor?" Replace "Are you safe?" with "When was the last time a resident left a protected location without approval, and what changed later?"

Ask to meet individuals who will matter everyday: the med tech who covers evenings, the aide who floats overnight, the activities lead, and the dining manager. Supervisors want to state yes; your loved one needs the experts who will appear at 7 p.m. On a Sunday.

When you are still unsure, try a trial

If the community offers respite care, consider a short stay. Two to four weeks can expose whether your loved one settles in, eats, sleeps, and engages. Make it a true test: send preferred clothes, usual toiletries, and a brief life story with hints that work at home. Drop in at different times. If the group works together with you throughout respite, permanent placement often feels less like a leap and more like a step.

For household caretakers stabilizing home care and placement

Many families utilize home care as long as possible. That is a valid course, especially with a reliable assistant and an encouraging adult day program. Watch on caregiver stress, night safety, and medical complexity. If you are up twice nightly, handling incontinence, and fielding daytime calls from neighbors about wandering, the danger at home may now exceed the danger of a move. An excellent dementia care community does not change love; it wraps professional structure around it.

Memory care within senior care campuses differs extensively. Some run as small, purpose-built neighborhoods with 12 to 20 locals and dedicated groups. Others are systems inside bigger buildings where staff float. Small can be great for familiarity, but it can also indicate less on-site nurses after hours. Large can bring more medical resources and treatment services, however it runs the risk of privacy. Match the model to your parent's requirements, not to marketing language.

The bottom line: what you are looking for

You are looking for a place that deals with dementia care as a craft developed from numerous small, repeatable acts. The right home responses detailed questions without hedging, invites observation, and reveals you how they adapt care to the individual when the individual can not adapt to the illness. Your tour is not about

capturing them out; it has to do with discovering partners you rely on with the hardest task you have actually ever had.

Keep your notes, compare them versus your loved one's values, and offer yourself time to feel the fit. The right community will make itself known in the way staff greet residents by name, stick around for one more joke at the table, and notification when somebody's eyebrow furrows before distress gets here. That is the texture of excellent care, and you can recognize it when you walk through the door.

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 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 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](tel:8064525883), visit their website at <https://beehivehomes.com/locations/levelland/>, or connect on social media via [Facebook](#) or [YouTube](#)

Take a drive to [Lobo Lake](#) . Lobo Lake provides a peaceful outdoor setting where residents in assisted living, memory care, senior care, and elderly care can enjoy gentle walks or scenic views with caregivers and family during relaxing respite care outings.