

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 generally begin looking for dementia care under pressure. A parent wanders outside at night, a spouse forgets the range once again, or medication schedules become difficult to handle. When seriousness increases, glossy pamphlets and warm tours can be persuasive. The job, hard as it is, is to look past the welcome cookies and observe how a place really operates at 10 p.m. On a Sunday, not just throughout a Tuesday early morning tour.

I have actually walked lots of hallways in memory care and assisted living communities, from shop residences with less than 20 beds to large schools that manage every level of senior care. The best facilities are not ideal. They fix problems rapidly, tell the fact, and record well. The worst keep a nice lobby and hide the rest. What follows are the warning signs that matter most and how to spot them before you sign.

The initially 10 minutes tell you more than you think

The opening minutes of a visit frequently foreshadow what life will seem like day after day. Enjoy who greets you. If the receptionist is missing, and a care aide looks stunned to see you, it can suggest the front desk is understaffed. Take in the sounds. A calm hum is regular. Persistent yelling from the same voice throughout several visits recommends unmet discomfort or distress, not just a "tough resident."

Smells offer honest feedback. A faint disinfectant odor is common. A strong, sweet odor of urine in several areas indicate slow response times, poor incontinence assistance, or both. Likewise discover how rapidly somebody reacts to a call light. On a current unannounced night visit, it took 19 minutes for a light to be addressed, which

resident mostly required assistance to the bathroom. That delay can translate to falls and skin breakdown over time.

Staffing patterns you can verify

Staffing makes or breaks dementia care. Ratios are often marketed loosely. Ask particularly about direct care personnel to resident ratios during days, evenings, and nights, and whether the nurse on duty covers the whole structure or simply memory care. A typical pattern is 1 aide to 6 to 8 locals during the day in dedicated memory care, 1 to 8 to 10 at night, and 1 to 12 or more overnight. Lower ratios can still be safe if residents are greater working, but in practice, higher skill demands more eyes and hands.

Red flags: dependence on agency staff for more than brief bursts, aides who do not know homeowners by name, and a nurse who is only "on call." Company personnel have their location, yet regular usage, week after week, destabilizes regimens. Individuals coping with dementia require consistency to feel safe. See a shift modification if you can. Excellent handoffs seem like a quick however focused exchange about hydration, pain, toileting, and any behavior modifications. Bad handoffs are quiet clock punches.

Training that surpasses a binder

Almost every center declares "continuous training." What matters is who teaches it, how often, and whether methods show up on the floor. Ask the number of hours of dementia-specific training new assistants get before solo work. Ten to 20 hours of structured dementia care direction, plus watching, is a reasonable standard. Ask for examples: how do they approach a resident who resists bathing, or one who starts out when startled?

Listen for techniques with names and muscle behind them: validation therapy, Montessori-based activities for dementia, positive physical technique. You do not require the textbook definitions. You want to see practices in action. If somebody approaches a resident from behind or starts leads with "We have to take your tablets now," that is a training failure. If staff kneel to eye level, utilize the person's favored name, and frame choices merely, that is training that stuck.

Care strategies that live off the screen

A good care plan is not just an electronic document. It ought to show up in the rhythm of the day. Ask to see a sample care plan, with names redacted. Strong plans explain triggers and successful strategies. "Prefers tea before tablets" or "Wanders midafternoon, reroutes well with folding towels." Weak strategies read like templates: "Assist with ADLs. Provide activities."

I as soon as consulted for a memory care unit where a previous accountant paced daily around 3 p.m., anxious till supper. The team kept providing crafts. Absolutely nothing stuck. When his child discussed he utilized to fix up the checkbook at that hour, personnel tried a simple ledger job with large-print numbers. His pacing dropped, therefore did night agitation. That kind of personalization should appear in care strategies, and you should find out about it when you ask.

Behavior assistance that is not just medication

Every memory care community will encounter exit-seeking, declining care, or hostility. How a group responds says a lot about its viewpoint. First, ask how typically the center uses as-needed antipsychotic medications, and how they track adverse effects like sedation or falls. Antipsychotics can be suitable in limited situations, but when

an unit uses them broadly as habits control, you will see sleepy residents slumped in chairs and fewer spontaneous conversations.

Look for a constant process: eliminate pain, health problem, irregularity, or urinary system infection, change environment activates like sound or lighting, and use recognized comfort activities before adding or increasing medications. Request for a story of a hard behavior in the last month and how it was handled. If the response centers just on prescriptions, and not the detective work that need to precede, be wary.

Health and security are habits, not posters

Posters guarantee infection control. Habits provide it. Peek discretely at hand health. Do personnel wash or sterilize on entry and exit from rooms? Do gloves come off immediately after care tasks? During a respiratory infection season, are there clear cohorting strategies, and have they practiced them? A facility that handled break outs well in the past will understand dates and lessons found out. Vague answers or defensiveness around previous infections frequently foreshadow bad transparency.

Falls take place in dementia care. What matters is action. Ask how many saw versus unwitnessed falls occurred in the last 3 months in memory care, and what the leading two causes were. beehivehomes.com [memory care home](#) Ask what environmental modifications followed. Carpets eliminated, much better lighting, or raised toilet seats are concrete fixes. If you hear "We in-service 'd staff" with no particular follow up, that is not enough.

Medication management without shortcuts

The med pass is among the most error-prone times of the day. See if you can. Are medications prepared for one resident at a time, or do you see several cups pre-poured and lined up? The latter invites mix-ups. Ask how frequently they carry out medication reconciliation with the primary clinician and drug store, and whether they track refusals. In dementia care, rejections are common. Competent teams have techniques like using one pill at a time with pudding, spacing doses slightly, or pairing pills with a recognized enjoyable routine.

Red flag patterns consist of regular medication "losses," opioids that disappear without documentation, and a high rate of late or missed dosages. A sincere center will share mistake rates and the corrective steps they took. Beware if you are informed "We do not have errors." Every excellent team discovers and fixes them.

Activities that match cognitive ability and personal history

A vibrant activities calendar looks impressive on paper. What you require to see is engagement throughout off hours and tailoring by ability. People in moderate dementia can still delight in purpose, however not if the job is too complex or too childish. Try to find arranging, music, mild exercise, and short group interactions. If you ask what Mr. Sanchez likes to do and the activity director answers, "He loves boleros, we play Eydie Gormé with Los Panchos during his shave," you remain in excellent hands. If you hear, "We place on the television after lunch," keep your guard up.

Walk the structure midafternoon. Are residents dozing plunged in typical locations day after day, or moving through brief, structured activities? If you see personnel engaged one on one, even briefly, that signals a culture of connection, not just schedule fulfillment.

Dining that appreciates self-respect and hydration

Meal times can be chaotic or deeply soothing. Red flags include trays dropped and run, purees without explanation, and citizens delegated consume alone when they could sign up with a small table. Lots of people with dementia consume much better when food is finger friendly, and when visual contrast assists them see it. White fish on white plates, for example, tends to disappear. Ask if they track weight weekly for brand-new homeowners, then a minimum of monthly, and what the common unplanned weight-loss rate is. Anything above 5 percent in a month requires prompt attention.



Hydration often makes or breaks the day. Great memory care programs do drink rounds with function, using options and combining drinks with a brief social interaction. If you see locals with regularly dry lips, or if personnel can not discover a resident's cup or explain a fluid strategy, that is worth digging into.

Safe areas that do not feel like warehouses

You do not desire hotel trendy. You want an environment your loved one can read. Hallways need to have landmarks, not mirror-image doors that puzzle even staff. Signs requires big typefaces and pictures. Lighting should be even, not dim corners with a harsh glare at the nurses' station. Listen to the door chimes. If they are continuous, and personnel appear numb to the sound, that alarm tiredness will infect other security routines.

Private spaces versus shared spaces is a compromise. Private rooms preserve personal privacy and typically decrease agitation. Shared rooms cost less, and for some extroverted homeowners, friendship helps. The red flag with shared rooms is privacy theater: thin curtains, no real storage difference, and staff who enter without knocking. Whether private or shared, bathrooms need grab bars put where a person with poor depth understanding can intuitively find them.

Safety without restraint

Freedom of movement matters. Ask outright if the community uses physical restraints, and under what situations. The best answer is that they do not, except in extremely uncommon, time-limited, medically recorded circumstances. Lap belts in wheelchairs, tucked sheets, or deep recliner chairs utilized to avoid standing are restraints by another name. So are locked "wander gardens" that are rarely opened. A genuine safe and secure garden must be readily available day-to-day in reasonable weather condition, with seating, shade, and an easy walking loop.

Electronic monitoring, like wearable roam tags, can be helpful if used respectfully. Red flags include personnel counting on door alarms instead of engaging locals who are exit-seeking, or families being pressured into keeping track of gadgets without discussion of alternatives.

Family interaction that does not wait for a crisis

You must find out about condition modifications before you have to ask. A regular weekly touch point, even 10 minutes by phone, goes a long method. Ask what the standard is for notifying you about falls, new medications, medical facility transfers, or behavior changes. If you are informed "We require whatever," request for examples. Too many calls can suggest panic or lack of triage, but silence types mistrust.

Pay attention to how the group manages disagreement. If you question a new medication and the nurse reacts with, "The physician purchased it, there is absolutely nothing to go over," that rigidity does not serve anybody. You want a center where your understanding of the person is dealt with as know-how, since it is.

Costs, contracts, and the fine print that bites

Pricing in dementia care looks simple till it is not. Numerous facilities estimate a base rate, then layer on care levels or point systems for support with bathing, dressing, toileting, medication management, and behavior tracking. Request a written example of a month-to-month expense for someone with needs comparable to your loved one, including 2 or 3 typical add-ons. Clarify what occurs financially if care needs increase quickly. Exists a cap to the level system, beyond which your loved one need to relocate to a greater setting?

Watch for move-in charges that do not buy anything tangible, and for "community fees" that are nonrefundable even if the stay lasts only a few days. Check out the discharge provisions. Some agreements enable the facility to discharge with brief notice for "security" factors without a clear procedure. A balanced agreement defines the actions for examining risk, adding supports, and including family and clinicians before kicking out a resident.

Licensing, inspections, and grievances information you can really use

Every state manages assisted living and memory care in a different way. Still, you can normally find current inspections online. You are not searching for absolutely no citations. You are searching for patterns. Repetitive citations for medication errors, chronic understaffing, or failure to report incidents matter more than a single deficiency about a damaged grab bar.

Call your state's long-term care ombudsman. They are often going to share broad impressions and patterns without breaking confidentiality. Again, the style is openness. A center that motivates you to evaluate public information is less likely to hide surprises.

Respite care as a low-risk trial

If you are not ready for a long-term relocation, ask about respite care stays that last a week or two. Respite care lets you see how a location carries out beyond the staged tour, and it provides your loved one an opportunity to adjust. Take notice of the 2nd or 3rd day of a respite stay. After the welcome energy fades, routines reveal their real shape. If personnel keep engagement and interact with you, that bodes well for a longer placement.

Some families turn in between home and respite care to handle caretaker burnout. That can work if the center files carefully and keeps a stable strategy all set to reboot. The red flag in respite plans is bad handoff back to home. If your loved one returns more confused, dehydrated, or with brand-new contusions without a clear explanation, reevaluate that community.

When a place does not need to be perfect to be right

Perfection is not the goal. A location that calls you about small changes, uses choices, and welcomes feedback will serve your household better than a brand-new building with a medical spa that operates on auto-pilot. Be open to senior care settings that change the environment and staffing as dementia progresses. In some regions, a dedicated memory care system attached to assisted living provides enough support. In others, a specialized dementia care area within a nursing home is the more secure choice for later stages or intricate medical requirements. Visit both if you can, and compare not simply décor however tempo and tone.

Questions to ask on every tour

- What are your direct care staffing ratios by shift in memory care, and how typically do you use company staff?
- Tell me about the last substantial behavior challenge you handled and what you attempted before altering medications.
- How do you individualize day-to-day regimens, and can you reveal me a redacted care strategy with specific strategies?
- How rapidly do you respond to call lights usually, and how do you track and improve that?
- What would a typical month-to-month costs look like for someone who requires help with bathing, dressing, toileting, and medication, and how can that change over time?

Small indications that forecast huge problems

I keep a psychological shortlist of relatively small details that frequently predict deeper problems. Shoes without socks, specifically in winter, recommend rushed morning care. Consistently unshaved faces in homeowners who historically took pride in grooming show task lists winning over self-respect. Dust on ceiling vents means housekeeping is understaffed, and understaffing hardly ever stops with housekeeping. Empty hydration stations during visiting hours point to a broader indifference to routines.

Noise narrates too. Televisions blasting in common spaces, with no closed captions and no one actually enjoying, suggest activity by default. A peaceful corner with a puzzle half-completed, a bird feeder outside a window, or fresh flowers on a table are little financial investments that care groups maintain when they are not drowning.

Cultural fit, language, and faith traditions

Dementia care touches identity. Food, language, music, and faith rituals can ground somebody even as memory shifts. If your loved one prays the rosary nighttime, requests halal meals, or speaks mainly in Cantonese when tired, call those needs early. Ask pragmatic questions: Can the kitchen dependably prepare vegetarian or kosher options? Do you have bilingual staff on the system overnight? Will you accommodate a weekly hymn sing or visits from a clergy member?

Red flags include "We can most likely figure it out" without specifics. Excellent facilities point to called personnel, storage for spiritual products, or collaborations with regional groups. The reward is not abstract. People with dementia latch onto the familiar. Get the familiar right, and lots of "habits" soften.



Transportation, consultations, and the hidden burden

Families typically assume the center will handle medical visits. Numerous do, but the logistics can be thin. Find out who schedules, who accompanies, how they share updates, and how costs are billed. If the strategy is to put your loved one in a van alone to satisfy the doctor, expect miscommunication. In a strong program, a caregiver who understands the individual's baseline goes to and brings a medication list and current vitals, then returns with written instructions. If the system counts on you to bridge all of that, choose whether you can and wish to, and develop it into your plan.

Pain, teeth, and hearing

These three are under-recognized motorists of distress in dementia. Ask how the community screens for discomfort when individuals have restricted language. Simple tools exist, like facial expression scales, however they just work if utilized. Dental care is commonly postponed. A place that coordinates mobile oral visits or has a prepare for routine oral care will save you crises later on. Hearing aids and glasses go missing. Great teams label them and inspect fit weekly. If you see a number of locals using the wrong glasses or no listening devices during group conversation, engagement is falling through the cracks.

End-of-life care that is not an afterthought

Dementia is a terminal condition. That hurts to deal with but clarifies planning. Ask how the center integrates hospice services and at what indications they initiate conversations about shifting objectives. Numerous households bring hospice in when consuming slows, infections repeat, or distress grows. A facility experienced in this will talk about convenience rounds, household presence at odd hours, and symptom management that lessens transfers to the hospital.

One daughter told me the most meaningful assistance came when a night nurse pulled a 2nd recliner chair into the space and set a small lamp low, then showed her how to moisten her mom's lips. That kind of detail just shows up in places that have actually done this well numerous times.



A quick field checklist before you decide

- Visit at least twice, once unannounced and when during a meal or evening shift, and linger in the halls, not just the lobby.
- Ask to see the memory care system's activity in the middle of the afternoon, not during a scheduled event.
- Watch one care interaction start to finish, preferably bathing or toileting, if the resident consents and personal privacy is respected.
- Talk with a floor nurse and a care assistant, not just leadership, and ask what they take pride in and what they would change.
- Call your state ombudsman with the facility names and listen for patterns, not just a single story.

Choosing a dementia care community is not about finding a gleaming building. It has to do with finding a group that interacts, changes, and treats your loved one as an individual whose history still shapes their days. If you hold that requirement, and you take the time to verify what you are told, you will spot the warnings early, and more notably, you will discover the daily thumbs-ups that signify a good fit: names remembered, preferred songs played, socks on the right feet, and a calm response when concern surfaces. That is the heart of quality dementia care, whether through dedicated memory care, short-term respite care, or a wider senior care school that flexes with time.

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](tel:(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:(806)452-5883), visit their website at <https://beehivehomes.com/locations/levelland/>, or connect on social media via [Facebook](#) or [YouTube](#)

Conveniently located near Beehive Homes of Levelland [Alamo Drafthouse Cinema Lubbock](#) a great movie theater with full food & drink menu. Catch a movie and enjoy some great food while you wait.