

**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 rarely prepare for memory care in a neat, leisurely arc. Regularly, a fall or a wandering episode presses the concern to the front burner, and you are asked to make a major, life-shaping choice on brief notification. I have actually sat at cooking area tables with sons and daughters holding printed sales brochures in one hand and a health center discharge summary in the other, attempting to weigh trade-offs that do not fit cleanly in a spreadsheet. The right option blends scientific capability, a safe and reassuring environment, and a rhythm of every day life that matches what your loved one can still take pleasure in. Where the community rests on a map, how it is accredited, and what everyday appear like, all 3 matter more than the glossy pictures suggest.

## What memory care actually provides

Memory care is not a single product. It is an approach to senior care that covers housing, encouraging services, and dementia care practices into one program. You will see it delivered in different settings. Some are dedicated memory care houses within assisted living neighborhoods, separated by secured doors. Others are stand-alone buildings that serve just homeowners with Alzheimer's illness or related dementias. A smaller sized piece exists within nursing homes for people with substantial medical needs.

What specifies memory care is the mix of safety features for individuals at threat of roaming, personnel trained in dementia-specific communication and habits assistance, and a daily structure that meets cognitive requirements. Basic assisted living can aid with medications and bathing, but memory care anticipates distress, misperceptions, and fluctuation in function throughout a day. Great programs do not combat those truths, they deal with them.

Short-stay options exist too. Respite care uses a supplied room, completes, and activities for a defined duration, frequently 7 to 30 days. It can offer a caregiver time to recover after surgery, cover a service journey, or test whether a specific neighborhood is a fit before an irreversible move. Well-run respite care follows the exact same dementia care regimens as long-lasting stays, which suggests the trial is a true representation.

## **The case for selecting on place, not simply suppress appeal**

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

Think initially about range to the individual's existing social life. Familiar faces matter. If the grandkids can visit after soccer due to the fact that the neighborhood is on their path home, visits take place. The difference between a 15 minute drive and an hour each method appears in real attendance, not intent. A resident who sees household weekly tends to maintain better appetite and engagement, especially throughout the susceptible very first 60 days after a move.

Proximity to health care is more nuanced. A community within 10 to 15 minutes of a medical facility with a solid geriatric system frequently takes advantage of smoother discharges and access to specialty centers. If your loved one has insulin-dependent diabetes, wounds that need routine attention, or a heart gadget, ask which nearby companies the neighborhood in fact uses and how transportation is set up. I have dealt with a family who selected a community farther from home because it sat next to a wound care center. That option prevented three emergency department journeys in one winter.

Do not ignore environment and light. Individuals dealing with dementia can be sensitive to abrupt seasonal modifications and early night darkness. A safe and secure courtyard with real trees and a strolling loop gets used 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 highlight daytime light exposure and afternoon quiet zones typically see less evening outbursts.

Transportation patterns likewise matter. If the community is near a hectic truck path or a fire station, overnight 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 locations for intergenerational programs and faith services.

## **Understanding licensing, without the alphabet soup headache**

Licensing tells you who supervises the community and what minimum requirements use. Memory care inside assisted living is managed by states, not the federal government. Nursing homes [elderly care BeeHive Homes of Levelland](#) are managed under federal Centers for Medicare and Medicaid Providers guidelines, with state enforcement. The titles differ. What you need to extract is whether the license enables dementia care, and what training, staffing, and safety requirements that implies.

In California, for instance, assisted living is called Residential Care Facilities for the Elderly. A neighborhood that advertises dementia care must maintain a composed plan, guarantee protected borders or equivalent safety measures, and supply dementia-specific training beyond the base requirement. In Texas, certain assisted living facilities hold a Type B license, and those using Alzheimer's accreditation show additional staff training and ecological safeguards. Florida layers optional licenses like Extended Congregate Care or Limited Nursing Solutions on top of standard assisted living, signaling whether higher medical needs can be met. New York acknowledges Assisted Living Homes and a Special Needs Assisted Living House classification for dementia care units, with guidelines about egress security and programming.

Numbers differ, however a common pattern is an initial 8 to 12 hours of dementia training for frontline staff, plus annual refreshers. Some states need a nurse on website for a set number of hours per week, others rely on experts. Fire codes normally need complete structure sprinklers, delayed-egress doors, and personnel 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 shortage is damning. A missing signature on a fridge temperature log is different from a pattern of medication mistakes. In one file I examined, the state mentioned the community for stopping working to update care strategies after falls. That informed us the problem-solving process 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 because signs do not keep banker's hours.



Look for 24-hour awake staff, not sleep-over coverage. Numerous memory care programs post ratios like one aide for every 6 to 8 locals throughout the day, and one for every single 8 to ten over night, often with a medication service technician on top. Ratios on their own do not ensure quality. What matters is the pairing of those numbers with an unit's physical layout and the acuity of locals. A compact 20-bed unit with sightlines and stable citizens may run securely with leaner staffing than a split-level 30-bed unit with frequent elopement attempts.

Ask about nurse coverage. Some communities have a licensed nurse on website twelve hours a day and on call over night. Others have a nurse only throughout business week. If your loved one has intricate meds, oxygen, catheters, or regular UTIs, you want daily nurse existence and strong drug store support. Excellent groups have escalation protocols, for example, calling the on-call nurse to evaluate brand-new agitation for discomfort or infection before delivering somebody to the hospital.

Staff durability informs another fact. 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, small crises liquify before they become huge ones. I still keep in mind Marian, a night assistant who kept a set of soft scarves in her pocket. A resident who tried to go "home" every night soothed when Marian looped a headscarf gently over her hands and walked with her, discussing the resident's old deck swing. That is not in a policy book. It remains in individuals you work with and keep.

## Safety by design, not by restraint

Safety in memory care must feel invisible but present. Door alarms that chirp discretely, not sirens that surprise everybody. Delayed egress systems with keypads, plus room management systems that pair to discreet wrist tags if a resident is at high risk. Floor covering modifications that signify space entries without creating visual cliffs. Protected courtyards that welcome strolling in circles, a natural human habits when nervous. Grab bars and good lighting are an offered. Search for bathroom designs big enough for two people to help, because bathing is where lots of citizens resist help.

Chemical restraint is not security. Before anyone reaches for antipsychotics, the team should ask what require the habits is interacting. Is the individual cold, hungry, in discomfort, overstimulated, or bored. Nonpharmacologic approaches precede, then careful medication use if dangers outweigh advantages. A supplier who can describe their philosophy in plain words is a better bet than one who simply points to a doctor's order.

## What life ought to really feel like

Lifestyle is the undervalued 3rd leg of this stool. A resident's day should start with something that grounds them in personhood. It might be folding towels side by side with an employee, watering plants, or listening to a favorite huge band record. Programs rooted in Montessori for dementia strategies, which break tasks into basic actions and use purposeful roles, frequently unlock abilities others assume are gone.



Activity calendars can mislead. Fancy printing does not ensure participation or fit. Stand in the space during an activity. Are 5 to 10 homeowners engaged, or are 2 individuals engaged while others sleep in wheelchairs versus the wall. View a meal. Finger foods like soft chicken strips or veggie sticks help those who can not manage utensils. Personnel needs to offer hand-under-hand assistance for those who require it, placing their hand under the resident's forearm and moving in sync, which preserves dignity and typically improves intake.

Noise levels matter. Some homeowners yearn for a dynamic environment, others unravel in it. A neighborhood that can bend - reading circle in a peaceful corner, chair yoga before lunch to manage uneasiness, music with a predictable beat instead of the tv shrieking - will keep more people content. Search for areas beyond the dining-room where small groups can gather. A multisensory space with manageable light and aroma can be magic throughout late afternoon agitation. You do not need a trademark name to do this well. You need objective and a staff who knows who chooses lavender and who dislikes it.

Spiritual life can be as simple 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 practice more than doctrine, that need to be appreciated. If Spanish is the first language, are there multilingual personnel on every shift, not simply when a week.

## Costs and agreements without regret

Memory care expenses have a range, but you can anticipate a 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 towns. The majority of communities use a tiered level-of-care design. Level one covers light assistance, level three or four covers more hands-on help, and fees step up as needs increase. Medication management is frequently a different charge per med or per pass. Incontinence materials might be pass-through expenses. Transport to routine visits may be consisted of once a week, with personal journeys billed extra.

Watch for community costs at move-in, typically equivalent to half to one month's lease. Ask whether respite care days can be credited towards the cost if you later convert to a long-term placement. Clarify whether rates are locked for a period or topic to annual boosts, and by how much. Good agreements spell this out in plain English.

Read discharge requirements. Neighborhoods should discuss when they can no longer securely serve somebody. Bed or chair-bound status, overall reliance for transfers without ceiling lifts, or two-person assists might activate a relocate to a nursing home level of care in some states. Other neighborhoods hold Extended Congregate Care or comparable endorsements and can continue with hospice partners. Understanding the line ahead of time prevents surprise moves at 2 am.

## How to examine quality throughout a tour

Brochures do not sweat. People do. The best sense of quality comes from seeing regular days and regular issues managed well. Come by unannounced if allowed, ideally at various times. Morning demonstrates how personal care is provided. Late afternoons reveal how they handle the witching hour. Meal times reveal cues about regard and patience.

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

- When a resident declines a bath for three days, what is your approach and who gets included next.
- How many locals have moved out in the past 6 months because you might not meet their needs.
- On a common night, how many staff are on the memory care system and who is the clinical decision-maker if something changes.
- What is your process for care plan updates after a fall or hospitalization, and how do families participate.
- If my parent requires hospice, which agencies do you partner with and how do you coordinate.

Expect clear responses. If a supervisor dismisses the bath concern with "We never have that issue," they may not be seeing what happens behind the closed door. A candid reply might seem like this. "We attempt a different staff member, switch the time of day, offer a warm towel, or suggest a sponge bath. If it continues, our nurse and family talk and we change the care strategy."

## The function of respite care and trial stays

Families frequently are reluctant to utilize respite care since it seems like confessing defeat. Frame it in a different way. Respite is a threat reducer. It can reveal whether the environment silences or inflames specific behaviors. It gives the community a possibility to discover who your loved one is beyond a diagnosis. 2 weeks is typically the minimum that produces a reasonable read, because the very first three days are weird for almost everyone.

During a respite stay, ask the team to check real-world situations. Try a shower on the day and time your parent generally endures. Observe at supper and breakfast. If your loved one wanders, see how staff redirect. Great

communities compose these observations down and hand you a copy at the end, which makes next steps more confident.

## **Legal preparedness that prevents avoidable stress**

Moving into memory care brings documentation. Tackle it early. Resilient power of attorney and health care proxy documents should be existing and accessible. If your state utilizes a Doctor Orders for Life-Sustaining Treatment type, complete it with the primary care provider and the future neighborhood nurse before the move. Bring a list of existing medications with doses and times. If your loved one uses hearing aids or glasses, identify them and bring additional batteries or a backup pair.

Move-in assessments are needed in most states, with a re-evaluation within 30 days. Be truthful in those meetings. Households sometimes underreport needs out of pride or worry of greater charges. That backfires. If a resident enters upon the incorrect level of care, both the team and the resident struggle. Better to put correctly on day one and change down if feasible.

## **When home is still possible, and when it is not**

Not every person with dementia needs memory care today. Adult day programs, at home assistants with dementia training, and respite care sprinkled in can keep somebody constant in your home for months or years. The tipping points I enjoy are night security, medication management, and social seclusion. If an individual is up and out the door at 3 am, or can not safely take necessary medications, the dangers in the house intensify rapidly. Two hospitalizations in a quarter for falls or infections usually forecast a rough stretch ahead.

There are likewise positive reasons to move earlier. Some citizens love foreseeable peer contact and structured days. The misconception that everyone decreases faster in memory care does not hold across the board. I have seen homeowners consume better, sleep better, and laugh more when the best team surrounds them.

## **Red flags that need to slow you down**

Certain signs in a tour ought to prompt more concerns. If a community guarantees they can manage "any behavior" without any information about how, be cautious. If you never see a RN in the course of 2 visits, ask about clinical oversight. If the memory care system smells consistently of urine, that is generally a staffing or training problem, not just a short-lived bad day. If staff speak about homeowners within earshot as if they are not there, keep looking. Your loved one's dignity depends on those micro-moments.

On the other hand, little good indications accumulate. A shadow box outside each space with keepsakes that matter. The cook marching to ask a resident if they desire more peaches. A white boards on the wall keeping in mind that Mr. H likes coffee black and Thelonious Monk on vinyl. These are not tricks, they are evidence that the group pays attention.

## **A simple shortlist to keep focus when options feel overwhelming**

- Can household reasonably visit typically adequate to matter, offered range and traffic.
- Does the license cover dementia care with particular training and safety standards, and do survey reports line up with what you are told.
- Are there awake personnel over night with clear scientific backup, and can they satisfy recognized medical needs.

- Does daily life feel calm, purposeful, and customized to your loved one's choices, not simply a calendar loaded with events.
- Are costs transparent, consisting of levels of care, most likely annual boosts, and criteria for when a higher level or a move is required.

Print that and keep it in the folder. It anchors conversations when glossy features attempt to distract.

## Preparing for moving day and the first month

Success rides on the first thirty days. Pack the familiar, not just the practical. A preferred quilt, framed pictures, a well-worn cardigan, the same brand of soap from home. Label everything. Coordinate move-in early in the day so there is time to settle in the past supper. If your loved one does much better with fewer individuals, restrict the welcome committee. If they long for peace of mind, phase visits throughout the first week so somebody they know is there every afternoon.

Share a one-page life story with personnel. Include nicknames, past work, routines, what calms, and what upsets. Keep in mind allergic reactions and what a typical bad day looks like. I as soon as dealt with a household who composed, "If Dad requests for his vehicle keys, offer his baseball cap and recommend a walk to the garage. He will talk about the old Chevy and forget the errand." That line conserved countless tense moments.

Stay present but give the group room to develop relationship. Daily check-ins can be short and warm. Anticipate some uncertain habits in the first 10 days. If it persists or intensifies, demand a care strategy meeting and feature specifics, not just "She is not herself." Describe times of day, triggers you have observed, and what used to work at home.

## The long view

Choosing a memory care home is seldom about finding the fanciest structure or the most inexpensive rate. It is about weaving together place that supports connection, licensing that signals real capability, and a day-to-day way of life that preserves the individual you love. The choice is technical and human simultaneously. When those threads line up, little self-respects return. Meals are shared without rush. Nights are quieter. A resident hums to a tune they danced to in 1964. Households breathe once again, not due to the fact that dementia became simple, however since the environment started doing some 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 notice the material of every day life. Memory care done well is not an accident. It is a set of options

about location, standards, and how people invest their hours. Your option can set the phase for the very best possible version 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?

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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?

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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?

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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?

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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?

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Yes, each home has rooms designed to accommodate couples. Please ask about the availability of these rooms

## Where is BeeHive Homes of Levelland located?

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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:8064525883) Monday through Sunday 9:00am to 5:00pm

## How can I contact BeeHive Homes of Levelland?

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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](#)

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