

Business Name: BeeHive Homes of Andrews

Address: 2512 NW Mustang Dr, Andrews, TX 79714

Phone: (432) 217-0123

BeeHive Homes of Andrews

Beehive Homes of Andrews assisted living care is ideal for those who value their independence but require help with some of the activities of daily living. Residents enjoy 24-hour support, private bedrooms with baths, medication monitoring, home-cooked meals, housekeeping and laundry services, social activities and outings, and daily physical and mental exercise opportunities. Beehive Homes memory care services accommodates the growing number of seniors affected by memory loss and dementia. Beehive Homes offers respite (short-term) care for your loved one should the need arise. Whether help is needed after a surgery or illness, for vacation coverage, or just a break from the routine, respite care provides you peace of mind for any length of stay.

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2512 NW Mustang Dr, Andrews, TX 79714

Business Hours

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

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Choosing an assisted living community is seldom simply a real estate decision. For many families, it is a turning point in a loved one's daily life, particularly around the most personal routines: getting dressed, bathing, managing medications, and simply obtaining from bed to chair without a fall. Those Activities of Daily Living, or ADLs, are exactly where small, intimate assisted living settings frequently outperform large, campus-style communities.

I have toured, evaluated, and assisted place seniors in both types of settings for many years. The pattern is consistent. Large structures provide appealing facilities and hectic calendars. Small homes tend to offer more reliable, more individualized aid with the essentials that truly keep someone safe and dignified. The differences are subtle on a pamphlet, and striking in real life.

This article looks carefully at why that happens, how to decide what your loved one truly needs, and where big communities still have an edge. The objective is not to declare a universal winner, however to match environment to individual, particularly around ADLs and hands-on elderly care.

What ADLs Truly Mean in Daily Life

Professionals use "ADLs" constantly, so households sometimes nod along without totally picturing what is included. For positioning choices, it is worth decreasing and translating lingo into lived moments.

ADLs typically consist of bathing or showering, dressing, grooming, toileting, transferring (for example, bed to chair), and eating. Often walking or using a mobility device is added to the list. On paper, it seems like a list. In reality, each ADL has layers.

Bathing is not just entering a shower. It is getting someone to accept shower, adjusting water temperature level, supporting a weak knee, washing hair completely, and ensuring they are completely dried to prevent skin breakdown. If your mother has dementia and hates water on her face, a rushed bath can feel like an attack. A calm, familiar caretaker who understands how to talk her through it can turn a dreadful ordeal into a tolerable routine.

Dressing can be the trigger for agitation if somebody is pressed to rush, or it can be a chance for conversation and orientation. Moving securely needs both adequate personnel and the right technique, or the threat of falls goes up quickly. Toileting help is deeply intimate and strongly connected to dignity. Small breakdowns in any of these areas tend to snowball: skipped baths, poor health, and an increased threat of urinary system infections, falls, and hospitalizations.

Because ADLs are so relational, the staff-to-resident ratio, the rate of the environment, and the consistency of caretakers matter as much as any official care strategy. This is where size comes into play.

How Size Shapes Care: The Structural Differences

When households compare communities, they typically look first at rate, place, and appearance. Size hides in the background up until you link it to what the day actually looks like for a resident.

Large assisted living communities typically have dozens, often hundreds, of locals. Wings or floorings might be divided by level of care, memory care, or independent living. The building often seems like a hotel, with a front desk, industrial kitchen, and official dining room. Staffing is arranged in blocks: day shift, evening, over night. Ratios can differ widely, but numerous large properties hover around one direct care team member for 8 to 15 homeowners during the day, with less at night.

Smaller settings can mean different models. Some are "residential care homes" or "board and care" homes, often in a transformed house with 6 to 12 citizens. Others are small lodges or cottages with 10 to 20 homeowners grouped together. Staffing is normally more flexible and less layered. You may see one caretaker for 3 to 6 citizens during the day, plus a med tech or nurse who likewise understands each resident personally.

From the outdoors, a large structure might feel more outstanding. Inside, size rapidly affects three things: the time a caretaker can invest with each person, how well staff understand specific histories and habits, and how rapidly somebody responds when a resident requirements assist with an ADL. For seniors who still handle practically everything on their own, the distinction may feel small. For those needing hands-on assisted living assistance numerous times a day, it becomes central.

Why Intimate Settings Tend to Support ADLs Better

Over time, I have actually seen small neighborhoods outperform larger ones on ADL outcomes for three primary reasons: connection of relationships, slower speed, and fewer handoffs.

In a small home, the personnel usually know each resident's early morning rhythm. They keep in mind that Mr. Carter needs 10 minutes to "warm up" before he can pivot securely out of bed, or that Mrs. Lee prefers to bathe every other night after her preferred program. That knowledge is not simply written in a chart. It resides in the staff due to the fact that they perform the very same ADLs with the same individuals day after day.



In big buildings, staffing rosters frequently alter more frequently. A resident might see three various care aides within two days, specifically across shift changes. Each assistant indicates well, however they might not know that your father tends to get orthostatic dizziness when he stands too fast, or that your mother requires a calm, repeated cue to sit fully back before a transfer. That absence of familiarity appears in hurried showers, half-finished grooming, and a tendency to back off when a resident resists, merely because the caregiver can not invest the extra 15 minutes it would require to build trust.

The physical design matters too. In a 120-bed neighborhood, a caregiver may be responsible for 2 hallways and spend half their time walking from space to space. If your parent rings for aid getting to the toilet, personnel might be 6 spaces away handling another resident's fall. Even a five to 10 minute hold-up can be the distinction between safe toileting and an incontinent episode that weakens self-respect and increases skin risk.

In a 10-resident home, caretakers are rarely more than a few actions away. They can hear somebody moving toward the restroom, or notice that Mr. Johnson did not come out for breakfast and go check. Lots of ADLs are addressed preemptively, due to the fact that personnel see and respond to subtle changes before they end up being crises.

A Day in the Life: Big vs. Small, Through ADL Lenses

Imagining a day can clarify the trade-offs much better than any abstract chart.

Picture a big assisted living community. Breakfast is served from 7:30 to 9:00 in the primary dining-room. Transit time from a resident room may be a long corridor plus an elevator ride. One caretaker on the wing has eight locals needing some level of aid up and down. The early morning quickly ends up being a rush. Citizens who walk individually go initially. Those who require help dressing and moving might not reach the dining-room until 8:45 or later on. Personnel do their best, however a resident who is sluggish or resistant may have their bath "pushed" to the afternoon, then to another day.

Now picture a small residential care home with 8 homeowners. Morning is still a busy time, however the environment is quieter and more versatile. Breakfast is often served at a family-style [assisted living](#) table near the bedrooms, and caretakers can serve citizens in pajamas if required, then assist them gown afterward. The staff are seldom more than a room away when a resident calls. ADL help becomes a series of small, constant interactions rather of a scramble to strike scheduled tasks.

I have actually seen homeowners who were identified "resistant to care" in big settings move into small homes and accept bathing and dressing assist with very little protest. The behavior did not change due to the fact that

of a behavior plan in some abstract sense. It altered because staff had time to technique gradually, usage familiar language, change routines, and construct trust.

Staff Ratios, Training, and Real-World Care

Families frequently request for personnel ratios as if a number alone will inform the story. Numbers matter a lot, but context identifies what they actually mean.

In a small home with 6 residents and 2 caregivers on daytime shift, each caretaker has time to completely assist 3 people with morning ADLs, assist with meal preparation, and still respond to unscheduled needs. If one resident has an especially tough early morning, the other caregiver can cover. Homeowners see the exact same familiar faces, which supports those with dementia or anxiety.

In a large building with 60 locals on a flooring and 4 caregivers, the ratio on paper might seem comparable, but the work is more segmented. One person may deal with all showers, another may pass medications, another may be accountable for 2 hallways of call lights and fundamental ADLs. Training can be standardized and in some cases more comprehensive, which is a real advantage. Nevertheless, when the environment is busy and task-driven, personnel might default to "get it done" rather of "do it in the method finest matched to this person."

From a senior care viewpoint, training and guidance often look much better on paper in large communities. There is normally a nurse on website, official in-service training, and corporate policies. Small homes differ commonly. Some are outstanding, with skilled caregivers and strong nurse oversight. Others might be thin on formal training, relying more on long-time personnel who "feel in one's bones" how to care for residents.

For hands-on ADLs, however, the basic question is: does my loved one get the time, repeating, and consistency needed to keep doing as much as possible for themselves, with assistance where required? Intimate settings tend to win on that, especially for seniors who have a mix of physical and cognitive needs.

When a Big Neighborhood Might Be the Better Fit

It would be deceiving to state small is always better for every older adult. There are specific situations where a bigger assisted living community has clear benefits, even for homeowners with ADL needs.

Some elders really grow on variety, social energy, and structured activities. A retired teacher or executive who still delights in lectures, trips, and numerous clubs might feel restricted in a small home with just a few fellow citizens. Even if they need aid bathing and dressing, the general lifestyle might be higher in a large, active setting.

Medical complexity is another element. While assisted living is not the like skilled nursing, larger neighborhoods more often have 24/7 nurse presence, on-site rehab, or close relationships with visiting physicians and therapists. For a resident with regular medication modifications, brittle diabetes, or a brand-new stroke, that scientific facilities can be important. In those cases, you might accept some compromises on one-to-one ADL time in exchange for better tracking and quick response.

Cost and schedule likewise matter. In some areas, there are far more large communities than small homes, or the small homes have actually restricted openings. Families sometimes utilize large communities as a form of respite care, giving a short-term break to caregivers while a loved one recovers from a disease or while everyone examines longer-term options. For a planned short stay, the richness of amenities in a bigger setting may offset the threats of a less tailored ADL approach.

The key is to be honest about your loved one's priorities. If they mostly need friendship, light support, and delight in hectic environments, a large neighborhood can be a terrific fit. If they are modest, quickly

overwhelmed, or need frequent, hands-on help with every ADL, a smaller setting normally serves them better.

The Function of Intimacy in Dementia and ADLs

Dementia complicates every ADL. It affects memory, sequencing, spatial awareness, language, and emotional regulation. Many of the most difficult behaviors families report - declining showers, striking out during toileting, pacing all night - occur from stress and anxiety and confusion, not stubbornness.

In a big, unknown structure, someone with dementia can feel lost several times a day. They may forget where the restroom is, misinterpret complete strangers strolling down the corridor, or feel rushed by personnel who are attempting to keep to a schedule. That stress and anxiety appears as resistance to care. Staff might explain the person as "hard", when in reality the environment is merely too revitalizing and impersonal.

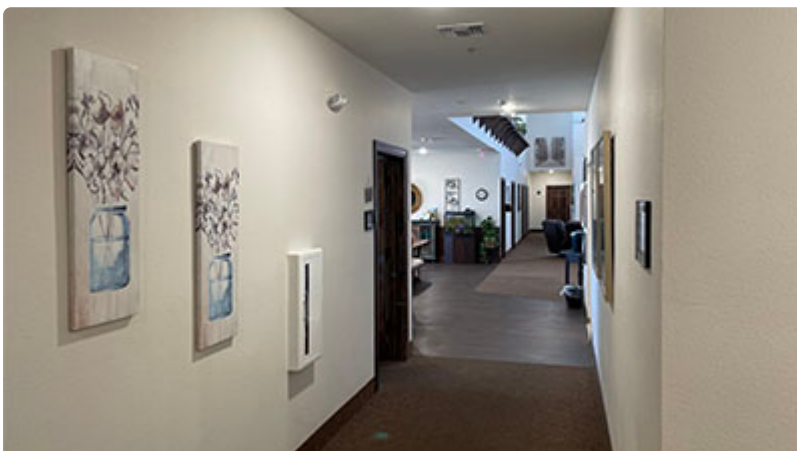
An intimate assisted living or small memory care home reduces the ranges and increases predictability. Residents see the exact same caretakers, the exact same kitchen, the exact same view out the window every morning. Caretakers can use constant scripts and routines: the very same joke before showers, the exact same warm washcloth to start face cleaning. In time, this familiarity lowers resistance and makes it possible to maintain ADLs longer, even as cognitive decrease progresses.

I keep in mind a resident who had been refusing showers in a bigger memory care system for weeks. She clenched her fists, yelled, and attempted to hit staff. Family were told she "simply doesn't like baths anymore." When she moved into a 10-bed home, the caregiver saw that she relaxed whenever somebody hummed a specific hymn. They built a pre-shower ritual around that song, redirected her to a portable shower she could see and control, and permitted her to hold a towel throughout her chest. Within two weeks, she was bathing regularly again. Absolutely nothing in her brain altered. The environment and the technique did.

For families navigating dementia, this is the heart of the small versus large concern. Intimacy and repetition are not just "great to have" qualities. They are tools that directly support ADLs.

Practical Differences Families Will Notice

When you tour communities, a few of the most telling hints are not in the pamphlet copy, but in the small interactions you witness. In a small home, you will frequently see caretakers and locals moving in and out of the kitchen together, sharing small talk, and beginning ADLs naturally. A resident may be assisted to clean up at the sink before breakfast, with a caregiver handing them a warm cloth and assisting each step.



In a big structure, ADLs are regularly arranged and segmented. Showers might be "Monday, Wednesday, Friday at 10:30," and if your mother declined at 10:35, she may not get another attempt till the next scheduled day.

Meals are at set times, and late sleepers may get "room trays" if they miss the window, frequently without the very same level of social engagement or support with eating.

Noise level, lighting, and space design matter for ADL success. Small homes tend to feel domestically familiar, which reduces stress and anxiety for many seniors. Intense overhead lights and long corridors can be disorienting, especially for those with bad vision or cognitive decline. In a small setting, staff can more easily modify the environment. They may lower the lights throughout evening care, play soft music during bathing times, or keep adaptive equipment within reach.

Families also observe how quickly patterns are picked up. In small settings, if your father struggles with buttons, somebody will most likely suggest pull-over t-shirts by the 2nd or third day, and you will see that reflected in how they help him dress. In a large setting, the very same observation may be buried amid numerous locals' needs, unless you or a strong supporter presses it into the written care strategy and follows up.

A Simple Comparison Checklist for ADL Support

When you tour or assess options, it helps to have a concentrated lens on ADLs, not just aesthetics or activity calendars. Utilize this brief checklist to compare how small and large settings may feel for your loved one:

- Ask staff to describe a common morning for a resident who needs aid with bathing, dressing, and toileting. Listen for how much time they allow, and whether the routine sounds hurried or versatile.
- Observe how staff address homeowners in passing. Do they use names, touch, and eye contact, or are they mostly task focused and in a hurry in between rooms?
- Check how far spaces are from restrooms and dining locations. Imagine your loved one making that journey three or 4 times a day.
- Ask how they adjust routines for somebody who refuses or fears bathing. Look for particular, concrete examples, not vague reassurances.
- Inquire about staff continuity. Do the same caregivers usually look after the same homeowners, or do assignments alter frequently?

You are listening less for polished responses and more for consistency, information, and indications that personnel truly know their homeowners as individuals.

The Function of Respite Care in Screening Fit

One underused method for households is to treat respite care as a trial run. Numerous assisted living communities, both large and small, deal brief stays varying from a few days to a few weeks. Throughout that time, your loved one resides in the community as a short-lived resident, receiving the very same senior care and elderly care services as long-term residents.

For ADLs, respite stays are extremely exposing. You will see how rapidly personnel discover your parent's regimens, how frequently call lights are responded to, whether clothing are put away effectively, and if health and grooming look preserved. Families sometimes discover that the outstanding big community struggles to manage certain behaviors or ADL jobs, while a basic small home handles them smoothly. Other times, the reverse happens, particularly if your loved one is more social and independent than you realized.

Respite care also gives your parent a voice. Even an individual with moderate cognitive decrease can often inform you whether they feel cared for, rushed, lonely, or safe. Take note of whether they speak about "individuals" by

name in a small home, versus "the place" or "the building" in a bigger one. That psychological connection normally correlates strongly with ADL success.

Balancing Self-respect, Security, and Independence

At the heart of all these decisions is a balancing act: self-respect, safety, and independence. Small, intimate assisted living settings tend to secure dignity and security by closely supporting ADLs and decreasing the chance of lapses. They likewise, when done well, support self-reliance by offering locals simply enough assist, not too much.

An excellent caregiver in a small home will know that Mrs. Daniels can still brush her teeth individually if somebody merely sets out the toothbrush and cues her to start. In a busier environment, that exact same resident might have her teeth brushed for her because staff are pushed for time. Over weeks and months, that difference accelerates decline.

Large neighborhoods, when truly well staffed and well led, can absolutely maintain strong ADL support. Some attain this by developing small "communities" within a bigger school, limiting each caretaker's location and encouraging relationship-based care. Others invest in advanced training in dementia care strategies and employ enough staff to avoid chronic rushing. These designs sit closer to the "finest of both worlds," but they tend to be at the greater end of the expense spectrum.

In completion, your option will rarely be about excellence. It will have to do with trade-offs. Facilities versus intimacy. Range versus predictability. On-site services versus everyday one-to-one time. For older adults who require consistent, hands-on aid with bathing, dressing, toileting, and mobility, smaller, more intimate settings often tip the scales, because they transform personnel hours into genuine, personalized care.

Questions to Ask Yourself Before Deciding

As you weigh choices, it assists to go back from marketing language and ask yourself a couple of grounded concerns about ADL assistance:

- Which environment will permit personnel to truly know my loved one's routines, worries, and preferences around bathing, dressing, and toileting?
- If something goes wrong - a fall, a refusal to shower, a bout of confusion - where are personnel more likely to have time to problem-solve rather than default to crisis mode?
- Does my loved one gain more from everyday social variety or from predictable, familiar faces assisting them through susceptible tasks?
- How much am I relying on amenities to make me feel better versus what my loved one in fact uses and delights in?
- Could a short respite care stay in one or two settings assist us see which environment much better supports ADLs in practice?

Clear answers to these questions usually point strongly towards either a small or big setting as the much better very first choice.

The choice about assisted living placement is among the most personal in senior care. By focusing on how each environment truly handles ADLs, rather than only on looks or activity calendars, you offer your loved one the very best possibility at a life that feels safe, considerate, and as independent as possible.



BeeHive Homes of Andrews provides assisted living care

BeeHive Homes of Andrews provides memory care services

BeeHive Homes of Andrews provides respite care services

BeeHive Homes of Andrews supports assistance with bathing and grooming

BeeHive Homes of Andrews offers private bedrooms with private bathrooms

BeeHive Homes of Andrews provides medication monitoring and documentation

BeeHive Homes of Andrews serves dietitian-approved meals

BeeHive Homes of Andrews provides housekeeping services

BeeHive Homes of Andrews provides laundry services

BeeHive Homes of Andrews offers community dining and social engagement activities

BeeHive Homes of Andrews features life enrichment activities

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

BeeHive Homes of Andrews promotes frequent physical and mental exercise opportunities

BeeHive Homes of Andrews provides a home-like residential environment

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

BeeHive Homes of Andrews assesses individual resident care needs

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

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

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

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

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

BeeHive Homes of Andrews has an address of 2512 NW Mustang Dr, Andrews, TX 79714

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

BeeHive Homes of Andrews has Google Maps listing <https://maps.app.goo.gl/VnRdErfKxDRfnU8f8>

BeeHive Homes of Andrews has Facebook page <https://www.facebook.com/BeeHiveHomesofAndrews>

BeeHive Homes of Andrews has an YouTube page <https://www.youtube.com/@WelcomeHomeBeeHiveHomes>

BeeHive Homes of Andrews won Top Assisted Living Homes 2025

BeeHive Homes of Andrews earned Best Customer Service Award 2024

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

People Also Ask about BeeHive Homes of Andrews

What is BeeHive Homes of Andrews Living monthly room rate?

The rate depends on the level of care that is needed. We do an initial evaluation for each potential resident to determine the level of care needed. The monthly rate is based on this evaluation. There are no hidden costs or fees

Can residents stay in BeeHive Homes until the end of their life?

Usually yes. There are exceptions, such as when there are safety issues with the resident, or they need 24 hour skilled nursing services

Do we have a nurse on staff?

No, but each BeeHive Home has a consulting Nurse available 24 – 7. if nursing services are needed, a doctor can order home health to come into the home

What are BeeHive Homes' visiting hours?

Visiting hours are adjusted to accommodate the families and the resident's needs... just not too early or too late

Do we have couple's rooms available?

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

Where is BeeHive Homes of Andrews located?

BeeHive Homes of Andrews is conveniently located at 2512 NW Mustang Dr, Andrews, TX 79714. You can easily find directions on [Google Maps](#) or call at (432) 217-0123 Monday through Sunday 9:00am to 5:00pm

How can I contact BeeHive Homes of Andrews?

You can contact BeeHive Homes of Andrews by phone at: [\(432\) 217-0123](tel:4322170123), visit their website at <https://beehivehomes.com/locations/andrews/>, or connect on social media via [Facebook](#) or [YouTube](#)

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