

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 tell me the first tour felt convincing, the sales brochure looked warm, and the sales pitch sounded right. Then, two months after relocating, the truth on the graveyard shift did not match the pledges made at twelve noon. Memory care succeeds or fails in the little hours of daily life, not in the lobby throughout a directed visit. That is why a brief, structured respite stay is among the most trustworthy ways to select the ideal neighborhood for long-lasting dementia care.

I have assisted scores of households position a parent or partner after months of tension in the house. The greatest moves seldom started with a deposit. They started with a trial, normally a respite stay of 7 to 1 month. An excellent respite stay reveals you how your loved one sleeps, eats, and settles with a brand-new regimen. It shows you how the care group deals with confusion at 5 a.m., lost dentures, or a high blood pressure spike after lunch. Most significantly, it gives your loved one an opportunity to feel the place, not simply visit it.

What respite stays appear like in memory care

Respite care in a memory care neighborhood is a short-term, furnished stay with access to the same services that long-term residents get. The specific setup varies, but a couple of patterns hold:

- Duration and timing. A lot of programs offer stays from 7 to 30 days, though I have actually seen 3-day minimums for urgent caregiver breaks and 45-day alternatives when a home restoration or healing is underway. The calendar matters, because weekends and vacations can reveal different staffing patterns than midweek days.

- Suites and furnishings. Respite suites are usually provided, that makes flying starts easier. That stated, little personal touches speed orientation. A familiar quilt or a framed wedding image typically has more settling power than a new armchair.
- Rate structure. Anticipate day-to-day rates that fall in between the neighborhood's published regular monthly rate divided by 30 and a 10 to 25 percent premium for short-term flexibility. If the community uses level-of-care rates, the respite rate may include only a base tier, with supplements included for insulin administration, 2 person transfers, or regular redirection.
- Assessment and paperwork. Even for a brief stay, neighborhoods complete a nurse evaluation, evaluation medications, and request a physician's orders. Some require a tuberculosis screen or chest X-ray within the in 2015, and proof of COVID and flu vaccination or a waiver. A short service plan is constructed from that intake and ought to not be an afterthought.
- What is included. Meals, housekeeping, activities, and standard personal care are basic. Therapy services, personal caretakers, and outdoors appointments are normally billed individually. Transport for medical visits throughout respite may not be offered or may bring a fee.



These guardrails exist for great reason. Memory care is not a hotel, it is a customized kind of senior care that mixes medical routines with daily life. The assessment step, even if it feels administrative, is where a neighborhood chooses whether it can safely fulfill your loved one's needs.

What a tour can disappoint, and a trial can

A tour is staged. A respite stay is lived. Numerous critical truths emerge just when someone sleeps, showers, and eats in the space.



Nighttime rhythms enter into focus. If your dad sundowns, does staff catch the early signs and motivate calming regimens, or do they rely on a sedative? If he wakes at 3 a.m. And wanders, does he encounter people who understand his name, or locked doors and alarms with no response?

The true staff ratio reveals itself. Published ratios are averages. The ratio that matters is who is on the floor, awake, and engaged at the minutes of care. You will discover if the very same three aides keep appearing, calm and constant, or if every day feels like a brand-new cast of strangers.

Meals tell you more than menus do. View whether staff notice if someone stops eating midway through or needs cues to cut food. See if finger foods are available for those who speed. An individual with dementia can lose 5 pounds in a month if meal support is weak.

Activity programs expose engagement design. Calendars can look complete without depth. Throughout respite you can see if the 10 a.m. Activity draws individuals from their spaces, if personnel adapt tasks for various cognitive levels, and if quieter locals get one to one time.

Medication management ends up being noticeable. Delays, sloppy handoffs, and drug store concerns surface in the very first week. A skilled medication assistant introduces themselves, explains changes in plain language, and documents refusals without drama or blame.

Most families also pick up on tone. Some communities run on hurried compliance. Fantastic memory care operates on relationships. The difference feels obvious within a few days.

What to see during a respite trial

Use the stay to gather real, concrete observations instead of basic impressions. A short checklist helps focus your time.

- Transitions: Keep in mind the first three mornings and bedtimes. The length of time till your loved one accepts aid with dressing, bathing, or medications without agitation?
- Staff interactions: Count the number of staff call your loved one by name, make eye contact, and crouch to their level rather than discussing them.
- Response times: Time the period from pushing a call pendant to staff arrival a minimum of two times, once throughout the day and once at night.
- Engagement: Track the number of minutes your loved one invests in typical locations, and whether an activity holds their attention for a minimum of 15 to 20 minutes.

- Health markers: Weigh on arrival and departure, note hydration triggers, bowel pattern, and any skin modifications. Little shifts can foreshadow larger issues.

I motivate households to keep a basic notebook. Brief dated entries beat hazy memory when you compare neighborhoods later.

Preparing a person with dementia for a brief stay

A smooth respite begins days before arrival. People coping with cognitive modifications read more from tone, speed, and environment than from descriptions. Frame the remain in language that matches your loved one's reality. For someone who misses out on office life, call it a short-term task while the house gets serviced. For a retired instructor, describe it as assisting at a friendly program.

Pack light, however pack clever. 3 or 4 attires that are simple to place on and remove, encouraging shoes, and labeled socks prevent morning hold-ups. Bring current prescriptions in initial bottles unless the community needs drug store blister loads. Include hearing aids with a labeled case and extra batteries, glasses with a strap, and denture cups with names. Label whatever, consisting of the quilt and sweater. Neighborhoods attempt, however laundry is an effective great void in any shared setting.

Create a one page life story. Consist of preferred name, past career, regimens, activates, relaxing methods, preferred foods, music that soothes, bath preferences, and key family contacts. Include a small picture collage. Good groups will publish this at the workstation or in the room, and you will see aides utilize it to trigger discussion and lower distress.

If you utilize tracking technology at home, like a GPS watch, ask how it fits with the community's policies. Lots of memory care units have protected boundaries and will want to collaborate settings to avoid false alerts.

Working with the care group during the stay

The assessment is not a one time occasion. Use the very first 72 hours to refine the care strategy. Share concrete examples of habits that respond to specific approaches. If your spouse accepts medication with yogurt however refuses with water, put it in composing. If your father gets agitated by hurried cues, ask personnel to slow the series and reduce verbiage.

Arrive at slightly various times over the very first week. Morning and late afternoon provide the clearest photo. Keep your visits encouraging, not supervisory. Neighborhoods work best when households are partners in dementia care, not adversaries. That said, persist with courteous uniqueness. Unclear feedback produces vague change. Point out what you appreciate with the very same accuracy. Personnel notice.

Ask to evaluate essential indications and medication administration records before discharge from the respite. You will see if a standing PRN was utilized for agitation, or if a bowel regimen needs adjustment. A small, early tweak can avoid a cascade of problems.

Reading the small print around cost and commitments

Respite is much shorter, but the financial rules matter. Clarify whether there is a separate respite arrangement or if it falls under a standard residency agreement. Ask if a portion of the respite charge transforms to a credit against an eventual move in cost. Some neighborhoods waive the community charge if you move within 30 to 60 days of a respite stay.

Understand what the everyday rate covers. In level based rates, the base rate may not include diabetic management, specialized injury care, or more individual transfers. If the nurse will reassess care level mid stay, ask how changes are communicated and priced. For a 2 week remain, a level action up midway through can include a number of hundred dollars unexpectedly.

Get clear on deposit, refund, and cancellation guidelines. If your loved one declines to stay or is hospitalized on day two, you need to know whether fees prorate. Ask who is economically accountable for losses, spills, or harmed furniture in a furnished respite suite. This hardly ever ends up being a problem, but dementia care lives in the real life of accidents.

Insurance protection for respite is restricted. Conventional Medicare does not cover custodial respite in memory care neighborhoods. Some long term care insurance policies compensate short stays if preauthorized and if the neighborhood meets licensure requirements. Veterans may get approved for restricted respite benefits through the VA, either in VA contracted facilities or by means of versatile in home assistance. Validate with the insurance provider before you schedule the start date.

Clinical competence is the hinge that whatever swings on

Memory care is not interchangeable from one building to the next. The difference depends on training depth, group stability, and the culture around habits. I listen carefully when personnel describe homeowners. Do they identify people by challenges, like wanderer or feeder, or do they tell you Mr. R likes jazz at 4 p.m. Since that is when he used to commute? This language hints at the operating system.

Ask about staff training hours particular to dementia care, not just basic orientation. I look for a minimum of 8 to 12 hours initially, with refreshers every quarter. Probe graveyard shift training as independently as day shift. Inquiry task patterns. Constant staffing constructs trust, and trust decreases medication usage over time.

If your loved one lives with Parkinson's dementia, Lewy body dementia, frontotemporal dementia, or mixed vascular changes, explore how the team adapts. These conditions do not present the same requirements. Visual hallucinations in Lewy body respond badly to numerous antipsychotics. Frontotemporal dementias frequently require structure that decreases impulsivity rather than redirection for memory spaces. Communities that understand these distinctions will detail particular techniques quickly and confidently.

Look at nurse coverage. Many states require a nurse on call, but not on website, for assisted living level memory care. For someone with intricate diabetes, anticoagulation, or cardiac arrest, I prefer neighborhoods with on website nurse existence for a minimum of part of the day, every day. If staffing is lean overnight, dependable escalation to an on call nurse matters.

Daily life, not just safety

Families worry very first about safety, and that is appropriate. Secured exits, elopement procedures, and fall prevention should have analysis. Yet lifestyle frequently turns on quieter features. Exist versatile meal windows for individuals who wake late? Are snacks available for grazers who battle with 3 huge meals? Do residents sit at consistent tables that encourage social connection, or does seating shift in manner ins which confuse?

People with dementia typically gain from routines that mix predictability with option. The best activity calendars are not the busiest, they are the most customizable. A male who fished every weekend might get in touch with a weekly water themed sensory cart, not a generic bingo square. Ask how specific interests get woven into the program beyond one to one volunteers.

Outdoor gain access to is another quality marker. Fresh air lowers agitation for many people, specifically those who paced when they were younger. A small safe patio used daily does more good than a big yard that opens twice a month.

Behavior support philosophy tells you what happens on tough days

Every community claims it handles behaviors. Inquire about specific tools. I search for nonpharmacologic methods built into everyday regimens, not simply pulled out when there is a crisis. For example, do assistants have quiet activity packages for uneasy residents? Do they rotate stimulating and relaxing spaces to manage energy? When a resident start out throughout individual care, do they stop briefly, march, and reapproach with a different staff member, or push through and escalate?

Medication has a role in dementia care, particularly for serious distress, depression, or psychosis. It should not be the default for staffing spaces or rushed regimens. During respite you can read patterns. If a PRN is utilized 3 afternoons in a row, ask what occurred in the hours previously, not just what took place at the moment of dosage.

Cost math that appreciates caretaker reality

Home care, adult day, and memory care are not apples to apples. Households typically compare month-to-month community costs to their existing out of pocket in your home and see a huge jump. Add the unsettled hours you or a partner spend, the night wakings, and the chance expense of missed work. The calculus changes.

Daily respite rates typically vary from 150 to 300 dollars depending on region and care level. Adult day programs normally land between 70 and 140 dollars per day, frequently with transport included. In home assistants can run 28 to 45 dollars per hour, with higher rates for nights and weekends. If your loved one requires near constant guidance for safety, a memory care respite can be both a break and an information abundant trial rather than simply another expense.

If financial resources are tight, try a much shorter weekday focused respite to sample common staffing, then set up a weekend stay later to assess off hour protection. Some neighborhoods provide lowered rates throughout low occupancy periods or credit part of the respite toward a future relocation. Ask directly. Sales teams have latitude they do not advertise.

A short story from the field

A child brought her mother to a 10 day respite after a hospitalization. In the house, the mother had started pacing at night, knocking on neighbors' [senior care BeeHive Homes of Levelland](#) doors by dawn, and declining showers. The very first 2 days at the neighborhood were rough. The mother tried to leave through the personnel door, called for her mother, and refused breakfast. The personnel did not press, but they did not retreat either. The activity organizer observed the mother stopped briefly at a corridor image of a 1950s kitchen. They printed a larger copy and taped it inside her room near the restroom. On day three, the child visited early, and they tried the shower with music from the Andrews Sisters and a familiar green towel from home. It worked. By day 5, the mother was participating in a brief 9 a.m. Coffee group and consuming half a muffin. The child extended the respite to 21 days, then transformed to long term. The choosing factor, she told me later on, was not that the behavior stopped. It was that the team kept adjusting, kept trying little, humane tweaks, and invited her to help shape them.

When the trial says no

Not every respite ends in a relocation, and that can be a present. One gentleman ended up being more upset throughout his 14 day remain in spite of helpful care. His family saw that he needed a memory care with a smaller sized, quieter environment and a nurse on site 12 hours a day due to complex Parkinson's medications. They utilized the notes from the respite to fine-tune their search requirements, explored three communities that matched, and tried a second respite in other places. The second setting fit. Had they signed a lease at the very first community, they would have been locked into a costly and stressful 2nd move.

When a trial does not fit, share your observations when you decrease. Great operators will request for feedback and often even point you towards a better match. The senior care world is smaller sized than it looks, and individuals talk. Professional courtesy can open doors for the next household too.

Turning a brief stay into a smooth long-term move

If the respite feels right, you have a head start on an elegant shift. Use momentum while appreciating the individual's pace.

- Ask the team to maintain the exact same space and main aides if possible. Familiar faces and design reduce disorientation.
- Convert the respite care plan into a complete plan with particular language about what worked throughout the trial.
- Move personal products in phases. Start with fundamentals and a couple of favorites. Include more decor gradually over the first 2 weeks.
- Schedule household visits at constant times the very first week post move, then gradually differ times so the resident engages even when you are not there.
- Set a 1 month check in with the nurse and administrator to examine weight, sleep, engagement, and any medication changes.

If the neighborhood charges a community fee or needs brand-new paperwork, do not assume anything rollovered from respite. Read again. Information wander between departments, particularly when sales, nursing, and business offices each deal with a piece.

Red flags that matter, even throughout a short stay

I prevent giant warning lists, however a couple of patterns are worthy of attention. If you see staff canceling activities consistently because they are brief, consider what else gets cut. If call lights go unanswered in the evening while you wait with your parent in the hall, do not justify it away. If the nurse can not describe medication changes clearly, or if the physician is unreachable for days, expect more of the very same later. If your loved one loses more than 2 pounds in a two week respite without an obvious factor, and no one observed up until you asked, food assistance may be weak.

On the positive side, when an aide remembers a story from your father's Navy years and utilizes it later on to calm him, you have actually seen relationship based care. When a janitor welcomes your mother by name and jokes carefully about her love of lemon cookies, you have actually glimpsed a healthy culture that goes beyond titles.

The function of respite even if a move is months away

Caregivers often think twice to try respite while they still manage at home. They stress it indicates surrender or that their loved one will feel deserted. Utilized well, respite is not an ending, it is a tool. It can offer a spouse 10 undisturbed nights of sleep to reset patience and health. It can let you check driving patterns, like getting to a physician without two hours of coaxing. It can also serve as a security valve for emergency situations. If you have already completed intake at a neighborhood through a previous respite, a sudden hospitalization for the caregiver will not end up being a placement crisis.

Some families set a cadence, 2 short stays each year. The individual with dementia experiences the environment as familiar, not foreign, that makes any future irreversible relocation less jarring. Staff know the individual, and their care strategy is currently a living document.

Final ideas from the trenches

Choosing memory care is not about finding the most beautiful structure or the lowest cost. It is about the everyday fit in between an individual's dementia care needs and a team's capability to satisfy them with skill and respect. A respite trial pulls that fit into view. It slows the choice enough to let you see what matters most while your loved one experiences the place beyond a lobby conversation.

If you deal with respite as both a break and a field test, prepare well, partner with the team, and see the peaceful information, you will enter long term care with more confidence. The best neighborhood will reveal itself not with pledges, but with steady, common skills. Which is the ground you can build on.

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](#)

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.