

Business Name: BeeHive Homes of Collierville

Address: 1368 Wolf River Blvd, Collierville, TN 38017

Phone: (901) 286-3455

BeeHive Homes of Collierville

At BeeHive Homes of Collierville, Tennessee, we offer the finest assisted living and memory care experience available in a cozy, comfortable homelike 21 bedroom setting. Each of our residents has their own spacious room with an ADA approved bathroom and shower. We prepare and serve delicious home-cooked meals three times a day every day. We maintain a small, friendly elderly care community. We provide regular activities that our residents find fun and contribute to their health and well-being. Our staff is attentive and caring and provides assistance with daily activities to our senior living residents in a loving and respectful manner. We invite you to tour and experience our assisted living home and feel the difference.

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1368 Wolf River Blvd, Collierville, TN 38017

Business Hours

- Monday thru Sunday: Open 24 hours

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Families do not look for care settings the method they shop for devices. The decision shows up in the middle of reality, typically after a scare, a lost expense, a 2nd fall, a range left on. The goal is not to find the shiniest community, it is to match your loved one's needs, character, and threats with the best level of assistance. That match looks various depending on whether you choose assisted living or a memory care home.

I have actually walked this roadway with numerous households. The best results came when we stopped briefly, named the particular problems we needed to resolve, and after that let those issues determine the setting. Labels matter less than the details behind them. Below is a practical, experience-tested guide to assist you see those details clearly.

What these 2 models are truly built to do

Assisted living is designed for older adults who can live rather separately but require aid with day-to-day activities. Think of bathing, dressing, medication suggestions, getting to meals, light housekeeping, and transportation. The structure is typically open and social, with a dining room, calendar of activities, and personal houses. Personnel exist around the clock, though not at a hospital level. The care plan is customized, but the environment assumes locals can discover their method, make choices, and manage standard regimens with cueing or minimal hands-on help.

Memory care is a specialized environment for individuals coping with Alzheimer's disease or other types of dementia who require a higher level of structure, guidance, and behavior support. It is usually a secured unit or a

stand-alone memory care home. The design makes navigation simpler, and security is crafted into the space. Personnel get extra dementia care training. The day follows a trusted rhythm with targeted activities to minimize confusion and distress. The program is not simply more hands. It is a various technique to communication, engagement, and risk management.

Families often ask about labels. Some assisted living communities state they "help citizens with mild memory loss." That can be real for early cognitive modifications. However when disorientation, wandering, repetitive exit looking for, or intensifying anxiety appear, the benefits of a dedicated memory care setting ended up being clear.

How every day life in fact feels inside each setting

In assisted living, mornings typically begin with a team member knocking, using aid with bathing and dressing if it is on the care strategy. Breakfast occurs in an enjoyable dining room. Some homeowners stroll there by themselves, others get a reminder call or escort. The activity board may list yoga at nine, a shopping trip at 10, and music after lunch. If your dad loves his independence and can shuffle to the elevator with his walker, the structure deals with him. He can lock his door, rest without check-ins, and avoid bingo with no consequence.

In memory care, the day carries more structure. Personnel prepare for that locals will not keep in mind schedules or directions, so regimens are built into the circulation. Bright, contrasting colors assist with depth perception. Menus are streamlined, and meals might be served family style at smaller sized tables to hint eating. Hallways often loop to lower dead ends. Doors to the outside are secured or alarmed to prevent hazardous exits. Activities emphasize sensory engagement, short jobs, and movement at foreseeable times. An employee might sit with your mom to trigger each bite at breakfast, then stroll with her around the courtyard to channel restlessness into safe activity. The tone aims to decrease stress and anxiety by changing choices with constant, reassuring patterns.

Staffing, training, and supervision

The essential difference is not the marble lobby, it is who appears when your loved one needs help.

- Assisted living staffing ratios vary commonly by state and business. Throughout the day, a typical range is one direct care staff member for 12 to 18 homeowners. During the night it may be one for 18 to 25, with a nurse on call or on site part-time. Personnel receive general eldercare training, and some get fundamental dementia education. This model works best when locals can press a call pendant, wait a few minutes, and follow instructions as soon as help arrives.
- Memory care usually runs tighter ratios, for instance one staff member for 5 to 8 locals throughout the day, and one for 10 to 12 during the night, together with a nurse existence that is more constant. Staff member are trained in dementia interaction, redirection, and how to interpret behaviors as unmet needs. In an excellent memory care home, you will see staff flowing instead of waiting on call lights, due to the fact that the goal is to prevent issues before they escalate.

Ratios are only part of the story. Watch how teams communicate. In a strong memory care program, you will hear personnel say things like, "Mr. Alvarez taps his fingers when he gets nervous, so we provide him a warm washcloth and start music before supper." That level of personalization separates true dementia care from generic help.

Safety functions and the distinction they make

Safety tools are not about locking individuals away. They are about creating an environment where an individual with amnesia can prosper without consistent correction.

In assisted living, doors are not usually secured. Elevators are open, and kitchen areas might be available. Stoves in houses are often made it possible for or handicapped based upon the resident's strategy. If someone has mild lapse of memory but no exit looking for, this flexibility is suitable. The threat comes when confusion increases, since an open campus expects citizens to self-regulate.

Memory care, by design, limits hazardous options and changes them with safe freedom. You may see a secured boundary courtyard so locals can go outside without a chaperone. Exit doors typically have postponed egress hardware and alarms so personnel can intervene before someone leaves. Appliances are managed. Restroom fixtures are chosen to reduce misperception, and hot water is controlled. Lighting uses warmer tones to minimize sundowning. These features cost cash, but they buy a kind of safety that human guidance alone can not deliver.



The pivot point: when assisted living is enough, and when memory care is wiser

Families typically attempt assisted living first, especially if the person appears "primarily alright" in familiar environments. In some cases that works perfectly for a year or more. The line to memory care normally appears in one of 4 methods:

- Wandering or exit looking for. If your loved one leaves the apartment or condo and can not discover the way back, or efforts to leave the structure repeatedly, assisted living is extended beyond its style. Personnel can not securely keep track of hallways without compromising everybody else's privacy.
- Behavioral modifications that distress others or position your loved one at risk. This can imply striking out during care, heightened paranoia, or calling the police in the night due to the fact that "strangers are in your home." Generalist groups typically lack the training and staffing to handle this regularly and compassionately.
- Lost ability to sequence multi-step jobs even with cueing. If bathing, toileting, or consuming break down, the requirement for hands-on, frequent prompting typically exceeds the scope of assisted living.
- Nighttime wakefulness and reversal of sleep cycles. An individual who is up from 1 to 5 a.m. Pacing is unlikely to be safe in an open building. Memory care programs anticipate and manage these patterns.

One caveat: a person with early amnesia who deals with a cognitively healthy partner might prosper in assisted living longer since the spouse covers the executive function gaps. The question to ask is not whether the setting looks beautiful, however who is doing the work of keeping your loved one safe and engaged. If it is the spouse, plan ahead in case their health changes suddenly.

Costs, contracts, and what is included

Prices vary by region, developing quality, and service model. As a general frame:

- Assisted living in the United States frequently varies from 4,000 to 7,000 dollars per month, with base rates covering housing, utilities, meals, and fundamental activities. Care is typically billed in tiers. Tier 1 might consist of medication tips and light aid, while greater tiers include bathing, dressing, and regular checks. A resident with moderate needs may pay an extra 800 to 1,500 dollars monthly above the base.
- Memory care usually costs more because of staffing and facilities. Expect an additional 1,000 to 2,500 dollars over a similar assisted living rate in the same building. Some memory care homes use complete rates, others still tier the care. Ask how typically they re-evaluate and how they communicate increases.

Insurance and advantages matter. Long term care insurance might pay a day-to-day benefit if the resident needs assist with a defined variety of activities of daily living or has a documented cognitive impairment. Some states offer Medicaid waivers that aid with assisted living or memory care, however availability and waitlists differ. Veterans and surviving partners may qualify for Help and Attendance, which can offset a number of hundred to over a thousand dollars monthly. Facilities differ in whether they accept these programs, [senior living BeeHive Homes of Collierville](#) and some accept Medicaid only after a private pay duration. Put the monetary map on paper before you fall for a building.

Read the contract. Look for the discharge provision. Facilities must keep locals safe, and they can require a relocation if requirements surpass what they are certified or staffed to provide. A clear clause is not a threat, it is a sign of sincerity. Vague language makes crisis moves more likely.

What evaluations expose, and why they matter

Good communities do not depend on a single photo. They combine cognitive testing, practical evaluation, medical history, and direct observation.

Cognitive screening tools like the MoCA or MMSE can provide a basic sense of impairment. Scores help, but behaviors matter more. I have actually supported individuals with mid-range scores who handled well in assisted living because they were calm, followed cues, and had a constant regimen. I have actually also seen high scorers with impulsivity and bad judgment who required memory look after safety.

Functional assessment covers activities of daily living: bathing, dressing, toileting, moving, consuming, and continence. Crucial activities, like handling finances or cooking, normally fall away previously. The key is frequency and predictability. If your loved one can shower separately 3 days a week but declines or forgets four days, the environment must close those spaces consistently.

Medical complexity can press the choice. Insulin-dependent diabetes with fluctuating cognition, frequent UTIs that tip into delirium, or high fall danger on blood slimmers increases the need for closer monitoring. Medication management in memory care frequently consists of more regular checks and creative methods to make sure adherence without forcing.



A quick side by side snapshot

- Assisted living assumes the resident can browse the structure with cues and intermittent assistance, memory care presumes the resident requires constant structure and supervision.
- Assisted living staffing supports independence with aid on request, memory care personnel proactively engage and redirect.
- Assisted living structures are open and social with fewer environmental controls, memory care systems use secured perimeters, streamlined layouts, and sensory-friendly design.
- Assisted living activities mirror typical senior programs, memory care activities are much shorter, recurring, and sensory oriented.
- Assisted living costs less on average, memory care carries a premium for specialized staffing and security features.

How to pick, step by step

- List the leading 5 threats or problems you are trying to fix, composed in plain language. Examples: Mom leaves the house during the night and gets lost. Dad forgets to eat unless triggered. Expenses are unpaid.
- Tour both an assisted living and a memory care home, ideally in the same business, and visit twice at various times. Watch the evening shift. Smell the air. Listen for how personnel discuss residents.
- Ask each neighborhood to write a draft care strategy with staffing presumptions and a price that reflects your loved one's existing needs. Then ask what sets off would alter the plan and the cost.
- Call 2 references, ideally households who relocated the last year. Ask what shocked them, excellent and bad, and how the neighborhood managed a challenging day.
- Rehearse a 90 day plan. If you attempt assisted living first, what indications would trigger a switch to memory care, who will make the call, and how quickly can the shift happen.

The myth of "too early" and the reality of timing

Families fret about moving to memory care before it is essential. The fear is understandable. The word "protected" can seem like a loss of flexibility. Yet the most typical regret I hear is the opposite. People want they had actually moved previously, when their loved one could still adapt and form bonds with personnel. A well run

memory care program can reduce stress and anxiety, support sleep, and increase engagement. The benefits compound when the environment fits the individual's brain.

It is likewise true that some people stay comfortably in assisted living till the last months of life. What makes that possible is a low profile of risky habits, a tolerance for cueing, and a team that knows the resident well. If you are on the fence, consider a respite remain in memory look after two to four weeks. Short trials expose a lot. You will see if your dad perks up with structure or chafes at it.

The human component: personalities, preferences, and dignity

A medical diagnosis does not remove identity. The very best care setting honors who your loved one still is. A former carpenter might respond to tasks with tools and sanding blocks, whether in assisted living or memory care. A retired teacher will light up when asked to assist "lead" a small group, even if the content is basic. I have seen a woman who disliked group activities thrive after a memory care team produced a morning folding station near a warm window simply for her. It appeared like hectic work to an outsider. To her it felt like purpose, and her agitation fell away.

If your mom is personal and stylish, ask how bathing is carried out and whether the exact same few aides can be appointed regularly. If your dad is a night owl, ask what happens after 9 p.m. Try to find innovative answers, not stock phrases. Self-respect lives in the details.

Edge cases you should prepare for

Couples with blended needs face difficult choices. Some communities let a couple share an apartment or condo in assisted living while the spouse with dementia gets add-on services. This can work if the healthier spouse wants the function and the care group can flex. Other couples reside in the exact same structure however various units, one in memory care, one in assisted living, with everyday visits. That plan maintains security while securing the well spouse's rest. It is not best, but neither is caregiver burnout.

Younger onset dementia brings different energy. Standard activities can feel childish. In that case, try to find memory care homes that tailor programs for people in their 50s or early 60s, with active movement, music, and tasks rather than purely sedentary options.

Language and culture matter. A memory care unit with multilingual staff or cultural food choices can decrease behaviors set off by misconception. Do not be shy about asking how many personnel speak your loved one's language and whether care notes show cultural preferences.

Pets are a supporting force for some homeowners. Policies vary. Some assisted living settings permit animals in houses, while memory care more often utilizes neighborhood animals that visit daily. If the bond is critical, ask directly what is possible.

What great dementia care appears like on a common Tuesday

You understand you remain in the best memory care home when daily scenes tell a coherent story. A resident who normally resists showers agrees since her preferred sweater is already laid out and warm towels are all set. A guy who paces is welcomed to "assist check the doors" every hour, turning uneasiness into a task. The dining room remains calm since personnel provide a one step prompt, wait, and then smile, rather than layering commands. There is laughter, however not sound for its own sake. The calendar matters less than the tone.

In assisted living, the ideal fit looks like personnel who know when to pull back, who appreciate self-reliance without making people feel alone. Mr. Chen chooses to take his medications at 7 a.m., not 8, and the nurse develops that into the pass. Ms. Rivera likes lunch in her apartment 3 days a week, and that is honored without comment. Front desk staff greet citizens by name, relative feel welcome, and maintenance knocks before entering.

Transition preparation that decreases stress

Moves are difficult. They go much better when families manage three arcs simultaneously: the logistics, the story, and the first 2 weeks.

For logistics, begin early with paperwork. Make a one page medical summary, list of medications with dosages and times, names of previous infections and activates for delirium, and a copy of any advance directives. Load familiar items initially, especially a bedspread, photos at eye level, and two furniture pieces your loved one recognizes from home. Label clothing clearly.

For the story, keep descriptions basic and consistent. "This is a safe location while your home is being worked on" is often more effective than a debate about amnesia. Let personnel carry the story forward so your loved one is not challenged with a brand-new factor each shift.

For the very first 2 weeks, be present but not all the time. Long visits can anchor an individual to you and hamper bonding with staff. Rather, visit at predictable times that match your loved one's finest hours, bring a modest comfort like a preferred snack, and after that leave while the state of mind is still positive. Give the team insight, not orders. "She drinks more if the straw is on the left" is gold.

Red flags throughout a tour, and thumbs-ups you wish to see

Red flags include a strong odor of urine that remains for hours, personnel who can not name 3 homeowners without checking a chart, and activity calendars that look busy however show empty rooms at video game time. Enjoy a meal. If half the plates return unblemished and nobody notices, food is design, not nourishment. Ask how the group handles a resident who refuses care. If the response is "We simply inform them they have to," keep looking.

Green lights consist of stable eye contact from caregivers, trigger assistance that is calm instead of rushed, and small acts of personalization. I like to ask a resident straight, "What do you like about living here?" Most people will tell you something real. If several answer quickly and without seeking to staff, the culture is probably healthy.

Assisted living with memory care add-ons vs devoted memory care homes

Some assisted living neighborhoods offer "boosted care" programs within the exact same structure but not in a protected system. These work for homeowners with moderate to moderate dementia who require more hands-on assistance but do not wander or exhibit high danger behaviors. The advantage is social integration and flexibility. The threat is diffusion of attention if staffing is not increased to match needs.



Dedicated memory care homes focus expertise. Smaller sized, function constructed environments often feel calmer and more foreseeable. For locals with substantial cognitive loss, that expertise is worth the additional expense. The trick is to prevent assuming that an indication that says "memory care" assurances quality. You still need to evaluate the program with your eyes and your questions.

If you are still unsure

When families stay split, I suggest three actions. Initially, speak to your loved one's main clinician about dangers you might be minimizing, especially around roaming and nighttime safety. Second, attempt a respite positioning in the memory care system you like best and arrange a daytime visit to the assisted living program throughout that stay. Third, write down what an excellent day looks like for your loved one and which setting is probably to produce more of those days. Aim for great days, not ideal ones.

Choosing between assisted living and memory care is not about surrendering independence. It has to do with engineering the most normal life possible within the constraints of health problem. The best setting minimizes avoidable crises, lights up what still gives satisfaction, and supports individuals who enjoy your relative as much as the individual themselves. When you discover that, you will feel it in the quiet of a common afternoon, when your loved one is safe, engaged, and at ease. That is the bullseye.

BeeHive Homes of Collierville provides assisted living care

BeeHive Homes of Collierville provides memory care services

BeeHive Homes of Collierville provides respite care services

BeeHive Homes of Collierville supports assistance with bathing and grooming

BeeHive Homes of Collierville offers private bedrooms with private bathrooms

BeeHive Homes of Collierville provides medication monitoring and documentation

BeeHive Homes of Collierville serves dietitian-approved meals

BeeHive Homes of Collierville provides housekeeping services

BeeHive Homes of Collierville provides laundry services

BeeHive Homes of Collierville offers community dining and social engagement activities

BeeHive Homes of Collierville features life enrichment activities

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

BeeHive Homes of Collierville promotes frequent physical and mental exercise opportunities

BeeHive Homes of Collierville provides a home-like residential environment
BeeHive Homes of Collierville creates customized care plans as residents' needs change
BeeHive Homes of Collierville assesses individual resident care needs
BeeHive Homes of Collierville accepts private pay and long-term care insurance
BeeHive Homes of Collierville assists qualified veterans with Aid and Attendance benefits
BeeHive Homes of Collierville encourages meaningful resident-to-staff relationships
BeeHive Homes of Collierville delivers compassionate, attentive senior care focused on dignity and comfort
BeeHive Homes of Collierville has a phone number of (901) 286-3455
BeeHive Homes of Collierville has an address of 1368 Wolf River Blvd, Collierville, TN 38017
BeeHive Homes of Collierville has a website <https://beehivehomes.com/locations/collierville/>
BeeHive Homes of Collierville has Google Maps listing <https://maps.app.goo.gl/F1PuQmWyGT6PTGmY6>
BeeHive Homes of Collierville has Facebook page <https://www.facebook.com/BeeHiveCollierville>
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BeeHive Homes of Collierville won Top Assisted Living Homes 2025
BeeHive Homes of Collierville earned Best Customer Service Award 2024
BeeHive Homes of Collierville placed 1st for New Mexico Senior Living Communities 2025

People Also Ask about BeeHive Homes of Collierville

What is BeeHive Homes of Collierville 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 of Collierville 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?

Yes, we have a part-time nurse with an on-call nurse if needed for after hours. We also have a Med Tech on staff that can administer medications

What are BeeHive Homes of Collierville's 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 Collierville located?

BeeHive Homes of Collierville is conveniently located at 1368 Wolf River Blvd, Collierville, TN 38017. You can easily find directions on [Google Maps](#) or call at [\(901\) 286-3455](#) Monday through Sunday Open 24 hours

How can I contact BeeHive Homes of Collierville?

You can contact BeeHive Homes of Collierville by phone at: [\(901\) 286-3455](#), visit their website at <https://beehivehomes.com/locations/collierville/> or connect on social media via [Facebook](#) or [Instagram](#)

Take a drive to [Firebirds Wood Fired Grill](#). Firebirds Wood Fired Grill offers a comfortable dining experience ideal for Assisted Living, Memory Care, Senior Care, Elderly Care, and Respite Care outings.