

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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Walk into an excellent small assisted living home on a regular weekday and you will generally notice three things before anyone says [senior living](#) a word. The noise level is low but not quiet. Someone is cooking or reheating something that smells like real food, not a tray line. And a minimum of one staff member is not behind a desk, but at a shoulder, an elbow, or a kitchen area table, talking with an older adult as if they have understood each other for years.

That texture of daily life is what families indicate when they say they desire "hands-on" senior care. They are not asking for luxury. They are requesting for attention, continuity, and enough human presence to trust that a parent will not be left alone when it matters.

Small assisted living homes, frequently known as residential care homes, board-and-care homes, or group homes, can be a strong answer to that request when they are done well. They are not the right suitable for everyone, and they are not automatically more caring than bigger buildings, but their scale provides tools that big properties struggle to use.

This short article looks inside those smaller environments and takes a look at how empathy in fact shows up in everyday elderly care, how respite care suits, and what compromises families should understand before picking a home.

What "small" assisted living truly means

The term "small assisted living" covers numerous models. In practice, it normally means homes with 4 to 16 locals residing in what feels and look more like a home than a hotel.

Regulations differ by state or province. Some jurisdictions certify these homes separately from large assisted living communities, with various staffing guidelines or service limits. Others treat them under the same umbrella, despite the fact that the lived experience is different.

The physical environment tends to share certain characteristics:

Residents often have private or semi-private bed rooms rather than apartment-style suites. Commons areas look like a living room and family-style dining space. The kitchen area is more central, and meals are ready closer to serving time, sometimes by the very same personnel who assist with bathing and medication.

The small scale is not instantly a benefit. A cramped, badly lit home is still a cramped, improperly lit home. The benefit comes when the modest size supports closer relationships, shorter reaction times, and a more flexible rhythm of care.

In my experience, the strongest small homes are very clear about what they can and can not do. A six-bed home with 2 staff on days and one awake over night can deal with many assisted living requirements: aid with dressing, showers, incontinence care, medication management, cueing for memory loss, and light mobility assistance. That same home might not be safe for an individual who has duplicated aggressive outbursts or who requires 2 individuals and a mechanical lift for each transfer.

The most thoughtful operators state no when they can not fulfill a need, even if that suggests losing a full room.

Why size alters the feel of care

Compassion in elderly care is not a motto. It is a set of habits that can be sensed, timed, and even quantified.

One way to understand the difference in between small assisted living homes and larger buildings is to think of the number of individuals a staff member must bear in mind simultaneously. In a 60-resident community, an assistant on an early morning shift may have 10 to 14 people on their project. In a small home with 8 citizens and 2 aides, that caseload drops to 4.

On paper, that looks like time. In reality, it appears like:

A staff member seeing that Mrs. S is slower to stand today and calling the nurse to check for a urinary tract infection. Somebody keeping in mind that Mr. K's daughter said he had a fall in the house in 2015, and seeing more closely on the stairs. A caregiver who understands that if they offer Ms. R a few additional minutes after waking, she will be far less agitated throughout her shower.

Those are examples of "relational understanding," the small private information that collect when the very same individuals look after one another day after day. The smaller the home, the less frequently assignments change and the easier it is for personnel to hold that understanding in their heads, not simply in a chart.

Families feel this when they call. In numerous small homes, the individual who answers the phone has seen their parent within the last thirty minutes. They can say, "He consumed more breakfast than typical today" or "She went outside with us this afternoon." That immediacy provides households a sense of mental safety, specifically when they can not visit as frequently as they would like.

Of course, small size does not repair understaffing, burnout, or bad training. A six-bed home with one distracted caretaker who spends the night in the back workplace can feel more neglectful than a busy 80-unit structure with visible activity and oversight. Scale creates possibilities, not guarantees.

A day in a high-touch small home

The clearest method to comprehend hands-on care is to walk through a typical day.

Morning typically begins earlier than households expect. Many older grownups wake between 5 and 7 a.m., particularly those with discomfort, dementia, or enduring routines from working life. In a strong small assisted living home, staff stagger wake-ups based on specific choice. Someone who constantly loved to oversleep might be the last to increase and consume breakfast at 10. Someone else, a previous farmer, may be in a chair with coffee by 6:30.

Hands-on care programs in pacing. Instead of hurrying 8 individuals through showers before a set breakfast window, staff might spread out bathing over the early morning and early afternoon, combining each person's energy level with a calmer time on the schedule. An assistant may rest on the bed, talk through the day, offer additional time for stiff joints, and adjust clothing choices to weather and mood.

Meals are frequently where small homes shine. Since there are fewer individuals, the cooking area can adjust rapidly. If a resident shows less hunger at breakfast, staff might use a late-morning snack, add a favorite yogurt, or warm up remaining pancakes when the mood strikes. That flexibility can make a genuine difference in keeping weight and preventing dehydration, especially for individuals with memory loss who need regular prompts.

Medication rounds feel various in a small home also. The team member passing medications generally knows who needs their tablets tucked in applesauce, who chooses to see each tablet plainly, and who is most likely to conceal a tablet under their tongue. That knowledge reduces rejections and errors.

Afternoons tend to be quieter. Some homeowners nap. Others view tv, read, or sit outside. This is where a small environment either shows its strength or its weakness. With so couple of individuals, monotony can creep in if personnel rely just on group activities. Houses that do this well develop small moments of engagement: folding laundry together, slicing vegetables for supper, looking at old photo albums one-on-one, or watering plants.

Evenings are often the hardest part of the day in dementia care. Confusion and agitation can surge, a pattern known as "sundowning." In a small home with a predictable, calm routine, personnel can dim the lights, put on familiar music, and move citizens into cozier areas instead of large, echoing spaces. That environment is not a cure, however it typically reduces the volume of distress.

Throughout all of this, hands-on care means touching with intention, not simply performance. A caretaker may hold a hand during a blood pressure check, tell someone quickly what they are doing at each action of incontinence care, or sit for an extra minute after helping somebody onto the toilet so the individual does not feel hurried. Those small pauses communicate self-respect more than any framed objective statement.

Where respite care fits into small homes

Respite care, short-term stays that provide family caretakers a break, can be especially powerful in small assisted living settings. When provided attentively, respite presents an older grownup and their family to a home before an irreversible move is needed.

Families often reach respite tired. A child might have been supplying day-and-night senior take care of a parent with advancing dementia. A partner may require surgery and can not safely lift or supervise their partner during their own healing. In these circumstances, a small home can provide something more personal than a visitor room in a large community.

The advantages are practical. Brief stays of one to 4 weeks in a home with six or eight residents permit personnel to find out an individual's routines quickly. If the individual later on returns for long-lasting elderly care, those

notes about favorite foods, sleep patterns, or activities for agitation are currently in place. The older grownup, in turn, is not strolling into a completely unfamiliar environment.

However, not every small home offers respite. With so few rooms, keeping a bed open for short stays can be financially dangerous. Some homes maintain a "swing space" that alternates in between respite and hospice usage, while others accept respite only when they have a natural vacancy. Families trying to find this alternative needs to begin early and expect that specific dates might be less flexible than in big structures with numerous empty units.

From an empathy perspective, the essential question is whether respite citizens are dealt with as complete members of the home, or as temporary visitors. In my view, the strongest homes introduce respite guests to everyone, include them at meals and activities, and invest the exact same energy in their grooming, routines, and choices as they do for permanent residents. Anything less feels transactional.

Staffing: the genuine engine of hands-on care

Every pamphlet for senior care will speak about empathy. The reality shows up on the staffing schedule.

In a strong small assisted living home, daytime staffing typically looks like one caretaker for every single 3 to 5 citizens, in some cases supplemented by a nurse visit or an on-call nurse through an agency. Overnight staffing may drop to one awake person for the entire home, periodically supported by a live-in team member sleeping nearby.

Those ratios, when filled by trained, steady staff, make real hands-on care feasible. A caregiver can take 20 minutes for a shower instead of 8. They can hang out attempting different techniques when someone declines care, instead of just recording "resident decreased."

Training is where small homes in some cases struggle. Large communities typically have business education departments, standardized modules, and clear profession paths. A stand-alone care home may depend on the owner's knowledge and whatever external classes they can manage. The very best owners compensate by investing greatly in on-the-job mentoring. They work shoulder to take on with brand-new staff for weeks, designing how to talk with homeowners, manage dementia behaviors, and notification subtle health changes.

Burnout is the quiet enemy of hands-on care. In a small home, if one essential caretaker quits or becomes ill, the psychological and practical impact is enormous. Homeowners feel the lack instantly. Staying personnel needs to absorb additional work. To manage this, accountable operators restrict mandatory overtime, hire relief personnel even when margins are thin, and construct relationships with hospice and home health agencies so some tasks can be shared.

Families sometimes presume that a small home will seem like an extension of their own family. That can be true, but it is unreasonable to expect personnel to change all the love, patience, and memory that relatives bring. Healthy arrangements recognize that personnel are specialists. Empathy becomes part of their work, and they should have pay, time off, and regard that reflects the psychological load of that work.

Trade-offs: what small homes can not easily provide

It is appealing to paint small assisted living homes as the ideal response to every challenge in elderly care. Reality is more nuanced.

First, medical intricacy matters. A frail older adult with regulated chronic health problems can do effectively in a small setting. Someone who needs frequent IV treatments, daily breathing therapy, or rapid-response medical

interventions might be safer in a community with on-site nursing 24 hours a day or in a nursing facility.

Second, specialized dementia assistance differs. Some small homes excel at dementia care, utilizing calm regimens, customized interaction, and safe and secure yards or patios. Others have neither the staff numbers nor the training to handle serious wandering, sexually disinhibited behaviors, or repeated physical hostility. Households must ask directly how the home deals with these situations and how typically they have actually had to discharge somebody for behavior.

Third, social variety is restricted. Some older adults flourish in a small, stable group and discover big activities overwhelming. Others delight in more stimulation, clubs, outings, and the possibility to fulfill brand-new individuals frequently. A home with 6 residents can not offer the same calendar as a 100-unit neighborhood with a full-time activities director. The key is match. An introverted former instructor who enjoys peaceful individually discussions might thrive where a more extroverted individual feels cooped up.



Finally, small homes are susceptible to ownership quality. With no business parent to implement requirements, the owner's principles, financial discipline, and personal resilience are front and center. I have seen amazing owner-operators who address the phone at midnight, been available in on vacations, and know each resident's grandchild by name. I have actually likewise seen improperly run homes where costs go overdue, personnel turnover is continuous, and homeowners experience preventable overlook. Going to personally and trusting what you observe stays essential.



Small vs large: the useful distinctions families notice

For households comparing small assisted living homes with bigger facilities, it assists to look beyond marketing language and concentrate on real everyday experiences.

Here are some differences that often emerge:

1. Response time to needs

In a small home, the distance in between a bed room and the nearest caretaker is typically short, and staff can hear somebody calling out from many parts of your house. In a big building, action depends greatly on call systems, task size, and staffing on that particular shift.

2. Consistency of relationships

Citizens in small homes tend to see the same two to 5 caretakers most days. That stability can be calming, especially for individuals with dementia who depend upon familiar faces. Bigger structures in some cases rotate personnel more frequently amongst floorings or wings.

3. Flexibility of routines

It is simpler for a small home to change shower days, meal times, or bedtime to individual preferences, because there are less individuals to collaborate. Big communities, by need, rely more on fixed schedules to keep operations manageable.

4. Visibility of leadership



In numerous small homes, the owner or administrator is on-site frequently, not simply throughout service hours. Families can frequently talk with a decision-maker straight. In big properties, management might oversee many departments and be less available everyday.

5. Access to amenities

Big neighborhoods generally have more formal features: health clubs, theaters, beauty parlor, chapels. Small homes trade that scale for a more intimate setting. Some households value the features highly; others care more about the texture of daily interactions.

No single design wins on every point. The best option depends upon the older adult's personality, health status, finances, and the household's expectations.

How to assess hands-on care when you visit

Touring a small assisted living home is less about the paint color and more about the energy in between people. A home can be modest and still use outstanding care; it can also be wonderfully furnished and mentally cold.

During a visit, watch how personnel and homeowners engage when they are not "on show." Listen for how names are utilized. Do staff introduce homeowners to you, or talk over them? Does anyone laugh together, or does the environment feel tense?

It can assist to bring a list of concentrated questions so you do not forget essential topics in the moment.

Here are useful concerns families typically find useful:

1. "Who will really be caring for my parent everyday, and what training do they have?"
2. "The number of locals are here, and the number of personnel are on task throughout days, nights, and nights?"
3. "Tell me about a current scenario where a resident's condition changed rapidly. What happened and how did you handle it?"
4. "What types of behaviors or care requirements would make you state this home is no longer a safe fit?"
5. "Do you use respite care, and have any short-stay guests later on moved in permanently?"

The specifics of their responses matter less than whether the actions are clear, candid, and constant with what you see around you. Vague guarantees without examples ought to be a warning sign.

If possible, visit at various times of day. Late afternoon and early evening are particularly informing, due to the fact that staffing dips and fatigue rise. That is when rushed or thin care shows itself.

Working with the home as a true partner

Even the most mindful small home can not change the unique function of family. The very best results take place when relatives, homeowners, and staff see themselves as a care group instead of as separate sides of a contract.

From the family side, this suggests sharing in-depth history. What calms your mother when she is frightened? Which music did your father love? How did your aunt take her coffee for the last 40 years? These may seem like small details, but in a small home, they are specifically the tools personnel usage to comfort, redirect, and connect.

It also means setting realistic expectations. Staff can not call each kid every day, however they can send a fast text once or twice a week, or update a shared notebook in the resident's space. Families who visit and engage respectfully with personnel, ask how shifts are going, and state thank you for specific acts of kindness tend to construct stronger partnerships.

From the home's side, compassion in practice implies transparent communication, specifically when things go wrong. Falls will still take place. A precious caregiver might give up or move away. Disease can sweep through even the cleanest home. What distinguishes a credible operator is how rapidly they notify families, how they discuss decisions, and how they welcome families into care-plan changes.

When small is the best type of big

Assisted living, in any type, is about helping older grownups preserve as much autonomy and convenience as possible while staying safe. Small homes approach that objective through intimacy rather than scale.

For some individuals, that intimacy feels like a town. A retired mechanic who never liked crowds might discover it simpler to browse a single-story house than a multi-wing campus. An individual with advanced dementia might feel less overwhelmed by a handful of faces and a brief hallway. A partner providing daily care at home might finally sleep through the night during a respite stay, understanding their partner is just a couple of actions away from a caregiver.

For others, the exact same intimacy can feel restricting. A previous executive utilized to a wide social circle may choose the bustle of a larger neighborhood, even if that suggests a more structured regimen. Somebody who

likes arranged outings, classes, and occasions may discover a small home too quiet.

The main concern is not "Which type is much better?" but "Which setting gives this specific individual the best opportunity at a dignified, appealing, and safe life right now?"

Compassion in practice is not a soft concept. It is the hand at an elbow on a slippery restroom floor, the patient repeating of an answer to the same question 10 times in an hour, the determination to discover that Mr. L eats much better if his peas do not touch his potatoes. Small assisted living homes, at their finest, are built to make that level of attention feel ordinary.

For households browsing senior care options, it is worth stepping past the glossy pictures and asking to see what takes place in the in-between moments. That is where you will discover the sort of hands-on care that lets both homeowners and relatives breathe a little easier.

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

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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](#)

Conveniently located near Beehive Homes of Andrews [Cinemark Century Odessa](#) a great movie theater with full food & drink menu. Catch a movie and enjoy some great food while you wait.