

Business Name: BeeHive Homes of Great Falls

Address: 2320 15th Ave S, Great Falls, MT 59405

Phone: (406) 205-4516

BeeHive Homes of Great Falls

At BeeHive Homes of Great Falls in Great Falls, MT, we offer assisted living, respite care, and memory care for people with dementia. Our residents enjoy living in a cozy place with knowledgeable and caring staff. We aim to meet each person's changing care needs and keep residents as independent as possible. We also plan events and senior living activities based on their interests and skills. Contact us immediately to learn more about how we can help your senior today!

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2320 15th Ave S, Great Falls, MT 59405




Business Hours

- Monday thru Sunday: Open 24 hours

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Families frequently tell me the very first tour felt convincing, the brochure looked warm, and the sales pitch sounded right. Then, two months after moving in, the truth on the graveyard shift did not match the pledges made at midday. Memory care prospers or fails in the little hours of daily life, not in the lobby during an assisted visit. That is why a brief, structured respite stay is one of the most dependable methods to choose the best neighborhood for long-term dementia care.

I have actually assisted scores of households place a parent or spouse after months of tension in the house. The strongest moves rarely started with a deposit. They began with a trial, generally a respite stay of 7 to one month. A great respite stay reveals you how your loved one sleeps, consumes, and settles with a brand-new routine. It shows you how the care team manages confusion at 5 a.m., lost dentures, or a blood pressure spike after lunch. Most significantly, it offers your loved one a possibility to feel the place, not just visit it.

What respite stays look like in memory care

Respite care in a memory care community is a short-term, furnished stay with access to the same services that long-term citizens get. The precise setup varies, however a few patterns hold:

- Duration and timing. Many programs provide stays from 7 to one month, though I have seen 3-day minimums for urgent caregiver breaks and 45-day choices when a home renovation or recovery is underway. The calendar matters, since weekends and holidays can reveal different staffing patterns than midweek days.

- Suites and furnishings. Respite suites are generally provided, which makes flying starts easier. That stated, small individual touches speed orientation. A familiar quilt or a framed wedding image typically has more settling power than a brand-new armchair.
- Rate structure. Anticipate daily rates that fall between the neighborhood's released month-to-month rate divided by 30 and a 10 to 25 percent premium for short-term versatility. If the neighborhood utilizes level-of-care pricing, the respite rate might include only a base tier, with supplements added for insulin administration, 2 individual transfers, or regular redirection.
- Assessment and paperwork. Even for a short stay, neighborhoods complete a nurse evaluation, review medications, and request a doctor's orders. Some require a tuberculosis screen or chest X-ray within the last year, and proof of COVID and influenza vaccination or a waiver. A brief service strategy is constructed from that consumption and must not be an afterthought.
- What is included. Meals, housekeeping, activities, and basic individual care are basic. Treatment services, personal caretakers, and outdoors visits are normally billed independently. Transport for medical visits throughout respite may not be readily available or might carry a fee.

These guardrails exist for good factor. Memory care is not a hotel, it is a customized kind of senior care that blends medical regimens with life. The evaluation action, even if it feels governmental, is where a community decides whether it can safely fulfill your loved one's needs.

What a tour can not show, and a trial can

A tour is staged. A respite stay is lived. A number of important realities emerge only when someone sleeps, bathes, and consumes in the space.

Nighttime rhythms enter into focus. If your dad sundowns, does personnel capture the early signs and motivate calming routines, or do they depend on a sedative? If he wakes at 3 a.m. And wanders, does he experience people who know his name, or locked doors and alarms without any response?

The real staff ratio shows itself. Published ratios are averages. The ratio that matters is who is on the floor, awake, and engaged at the moments of care. You will notice if the very same three assistants keep appearing, calm and consistent, or if every day seems like a new cast of strangers.

Meals inform you more than menus do. Watch whether personnel notice if someone stops consuming halfway through or requires cues to cut food. See if finger foods are readily available for those who speed. A person with dementia can lose five pounds in a month if meal support is weak.

Activity programs reveal engagement design. Calendars can look complete without depth. During respite you can see if the 10 a.m. Activity draws individuals from their spaces, if staff adjust jobs for different cognitive levels, and if quieter homeowners get one to one time.

Medication management ends up being noticeable. Hold-ups, sloppy handoffs, and pharmacy issues surface area in the very first week. A proficient medication assistant introduces themselves, explains changes in plain language, and documents refusals without drama or blame.

Most households likewise detect tone. Some neighborhoods work on rushed compliance. Fantastic memory care runs on relationships. The distinction feels apparent within a few days.

What to enjoy throughout a respite trial

Use the stay to collect real, concrete observations rather than basic impressions. A short checklist assists focus your time.

- Transitions: Keep in mind the first three early mornings and bedtimes. For how long up until your loved one accepts help with dressing, bathing, or medications without agitation?
- Staff interactions: Count how many personnel call your loved one by name, make eye contact, and crouch to their level rather than discussing them.
- Response times: Time the interval from pressing a call pendant to personnel arrival a minimum of two times, as soon as during the day and once at night.
- Engagement: Track how many minutes your loved one spends in common locations, and whether an activity holds their attention for at least 15 to 20 minutes.
- Health markers: Weigh on arrival and departure, note hydration prompts, bowel pattern, and any skin modifications. Small shifts can foreshadow larger issues.

I encourage families to keep a simple note pad. Brief dated entries beat hazy memory when you compare communities later.

Preparing a person with dementia for a brief stay

A smooth respite begins days before arrival. People living with cognitive modifications find out more from tone, pace, and environment than from explanations. Frame the remain in language that matches your loved one's reality. For someone who misses out on workplace life, call it a short-lived job while your home gets serviced. For a retired instructor, describe it as helping out at a friendly program.

Pack light, however pack smart. Three or four attires that are easy to place on and take off, encouraging shoes, and labeled socks prevent morning hold-ups. Bring current prescriptions in original bottles unless the community requires drug store blister packs. Consist of listening devices with an identified case and additional batteries, glasses with a strap, and denture cups with names. Label everything, including the quilt and sweater. Communities try, however laundry is a powerful great void in any shared setting.

Create a one page life story. Consist of preferred name, past profession, routines, activates, calming methods, preferred foods, music that relieves, bath choices, and key family contacts. Include a little picture collage. Good teams will post this at the workstation or in the space, and you will see aides utilize it to stimulate conversation and decrease distress.

If you utilize tracking technology in the house, like a GPS watch, ask how it fits with the neighborhood's policies. Lots of memory care units have safe and secure boundaries and will wish to collaborate settings to prevent incorrect alerts.

Working with the care group during the stay

The assessment is not a one time event. Use the first 72 hours to fine-tune the care plan. Share concrete examples of behaviors that react to particular techniques. If your better half accepts medication with yogurt however refuses with water, put it in writing. If your father gets upset by rushed hints, ask staff to slow the series and decrease verbiage.

Arrive at a little different times over the first week. Early morning and late afternoon give the clearest picture. Keep your visits helpful, not supervisory. Neighborhoods work best when families are partners in dementia care,

not enemies. That stated, continue with polite uniqueness. Unclear feedback produces vague change. Explain what you value with the same precision. Staff notice.

Ask to review important indications and medication administration records before discharge from the respite. You will see if a standing PRN was used for agitation, or if a bowel program needs adjustment. A little, early tweak can avoid a cascade of problems.

Reading the fine print around expense and commitments

Respite is shorter, however the monetary guidelines matter. Clarify whether there is a different respite arrangement or if it falls under a standard residency contract. Ask if a portion of the respite cost transforms to a credit against an eventual relocation in cost. Some communities waive the neighborhood fee if you move within 30 to 60 days of a respite stay.

Understand what the daily rate covers. In level based pricing, the base rate might not include diabetic management, specialized injury care, or two person transfers. If the nurse will reassess care level mid stay, ask how modifications are communicated and priced. For a 2 week remain, a level action up midway through can include several 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 require to understand whether charges prorate. Ask who is economically accountable for losses, spills, or harmed furniture in a furnished respite suite. This rarely becomes a concern, however dementia care lives in the real life of accidents.

Insurance coverage for respite is restricted. Conventional Medicare does not cover custodial respite in memory care communities. Some long term care insurance coverage reimburse short stays if preauthorized and if the community satisfies licensure requirements. Veterans may get approved for restricted respite benefits through the VA, either in VA contracted centers or through flexible in home assistance. Validate with the insurer before you schedule the start date.

Clinical skills is the hinge that everything swings on

Memory care is not interchangeable from one building to the next. The distinction depends on training depth, group stability, and the culture around habits. I listen carefully when staff describe citizens. Do they label individuals by difficulties, like wanderer or feeder, or do they tell you Mr. R likes jazz at 4 p.m. Because that is when he utilized to commute? This language hints at the operating system.



Ask about staff training hours particular to dementia care, not simply basic orientation. I look for at least 8 to 12 hours initially, with refreshers every quarter. Probe graveyard shift training as independently as day shift. Inquiry assignment patterns. Constant staffing builds trust, and trust lowers medication use over time.

If your loved one deals with Parkinson's dementia, Lewy body dementia, frontotemporal dementia, or combined vascular modifications, explore how the group adapts. These conditions do not present the exact same requirements. Visual hallucinations in Lewy body respond improperly to numerous antipsychotics. Frontotemporal dementias often need structure that decreases impulsivity instead of redirection for memory gaps. Communities that understand these differences will outline particular approaches rapidly and confidently.

Look at nurse coverage. Many states need a nurse on call, however not on website, for assisted living level memory care. For somebody with complicated 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 over night, dependable escalation to an on call nurse matters.

Daily life, not just safety

Families fret very first about safety, and that is proper. Guaranteed exits, elopement protocols, and fall prevention should have examination. Yet lifestyle often turns on quieter features. Are there flexible meal windows for people who wake late? Are treats offered for grazers who struggle 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 often gain from regimens that blend predictability with choice. The best activity calendars are not the busiest, they are the most customizable. A guy who fished every weekend might get in touch with a weekly water themed sensory cart, not a generic bingo square. Ask how private interests get woven into the program beyond one to one volunteers.

Outdoor access is another quality marker. Fresh air decreases agitation for many [BeeHive Homes of Great Falls assisted living](#) individuals, specifically those who paced when they were more youthful. A little safe patio utilized daily does more excellent than a large courtyard that opens twice a month.

Behavior support viewpoint tells you what happens on hard days

Every community declares it manages habits. Ask about specific tools. I search for nonpharmacologic methods constructed into daily regimens, not just pulled out when there is a crisis. For instance, do aides have quiet

activity kits for uneasy locals? Do they turn stimulating and calming areas to handle energy? When a resident start out during personal care, do they stop briefly, march, and reapproach with a different staff member, or push through and escalate?

Medication has a function in dementia care, especially for serious distress, depression, or psychosis. It should not be the default for staffing gaps or hurried routines. Throughout respite you can check out patterns. If a PRN is used 3 afternoons in a row, ask what occurred in the hours in the past, not just what took place at the minute of dosage.

Cost mathematics that respects caregiver reality

Home care, adult day, and memory care are not apples to apples. Households frequently compare regular monthly community expenses to their current out of pocket in the house and see a big 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 upon area and care level. Adult day programs usually land between 70 and 140 dollars per day, typically with transport consisted of. In home aides can run 28 to 45 dollars per hour, with higher rates for nights and weekends. If your loved one needs near constant supervision for security, a memory care respite can be both a break and an information rich trial instead of simply another expense.

If finances are tight, try a much shorter weekday focused respite to sample common staffing, then arrange a weekend stay later to examine off hour protection. Some communities provide decreased rates during low occupancy durations or credit part of the respite toward a future move. Ask straight. Sales groups have latitude they do not advertise.

A short story from the field

A daughter brought her mother to a 10 day respite after a hospitalization. In your home, the mother had started pacing during the night, knocking on next-door neighbors' doors by dawn, and declining showers. The first two days at the community were rough. The mother tried to leave through the personnel door, called for her mother, and declined breakfast. The personnel did not press, but they did not pull away either. The activity coordinator discovered the mother paused at a corridor image of a 1950s cooking area. They printed a larger copy and taped it inside her room near the restroom. On day 3, the child went to early, and they attempted the shower with music from the Andrews Sis and a familiar green towel from home. It worked. By day 5, the mother was going to a short 9 a.m. Coffee group and eating half a muffin. The daughter extended the respite to 21 days, then transformed to long term. The choosing element, she informed me later on, was not that the behavior stopped. It was that the team kept adjusting, kept attempting little, humane tweaks, and welcomed her to help shape them.

When the trial states no

Not every respite ends in a relocation, which can be a gift. One gentleman ended up being more upset throughout his 14 day remain regardless of helpful care. His family saw that he needed a memory care with a smaller, quieter environment and a nurse on site 12 hours a day due to complicated Parkinson's medications. They utilized the notes from the respite to improve their search criteria, visited 3 communities that matched, and tried a 2nd respite elsewhere. The second setting fit. Had they signed a lease at the very first neighborhood, they would have been locked into a costly and difficult second move.



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

Turning a brief stay into a smooth long-term move

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

- Ask the team to keep the very same room and primary assistants if possible. Familiar faces and design lower disorientation.
- Convert the respite care strategy into a complete plan with specific language about what worked during the trial.
- Move individual products in phases. Start with basics and a couple of favorites. Add more decoration steadily over the very first two weeks.
- Schedule household visits at constant times the very first week post relocation, then gradually vary times so the resident engages even when you are not there.
- Set a 30 day check in with the nurse and administrator to review weight, sleep, engagement, and any medication changes.

If the neighborhood charges a community cost or needs brand-new paperwork, do not presume anything carried over from respite. Read once again. Details drift between departments, especially when sales, nursing, and business offices each manage a piece.

Red flags that matter, even throughout a brief stay

I avoid huge red flag lists, however a few patterns are worthy of attention. If you see personnel canceling activities repeatedly because they are short, consider what else gets cut. If call lights go unanswered during the night while you wait with your parent in the hall, do not rationalize it away. If the nurse can not describe medication changes plainly, or if the physician is inaccessible for days, anticipate more of the same later on. If your loved one loses more than two pounds in a 2 week respite without an apparent reason, and no one observed up until you asked, food assistance may be weak.

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

The role of respite even if a relocation is months away

Caregivers frequently are reluctant to attempt respite while they still handle in the house. They worry it signals surrender or that their loved one will feel deserted. Used well, respite is not an ending, it is a tool. It can give a spouse 10 uninterrupted nights of sleep to reset persistence and health. It can let you evaluate driving patterns, like getting to a medical professional without 2 hours of coaxing. It can also serve as a safety valve for emergencies. If you have currently finished intake at a community through a previous respite, a sudden hospitalization for the caretaker will not become a positioning 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 permanent move less jarring. Staff know the individual, and their care strategy is already a living document.

Final thoughts from the trenches

Choosing memory care is not about finding the prettiest building or the most affordable cost. It has to do with the daily fit between an individual's dementia care needs and a team's capacity to satisfy them with skill and respect. A respite trial pulls that fit into view. It slows the decision enough to let you see what matters most while your loved one experiences the location beyond a lobby conversation.

If you deal with respite as both a break and a field test, prepare well, partner with the team, and watch the peaceful details, you will step into long term care with more confidence. The ideal neighborhood will show itself not with pledges, however with consistent, common skills. And that is the ground you can develop on.



BeeHive Homes of Great Falls provides assisted living care

BeeHive Homes of Great Falls provides memory care services

BeeHive Homes of Great Falls provides respite care services

BeeHive Homes of Great Falls supports assistance with bathing and grooming

BeeHive Homes of Great Falls offers private bedrooms with private bathrooms

BeeHive Homes of Great Falls provides medication monitoring and documentation

BeeHive Homes of Great Falls serves dietitian-approved meals

BeeHive Homes of Great Falls provides housekeeping services

BeeHive Homes of Great Falls provides laundry services

BeeHive Homes of Great Falls offers community dining and social engagement activities

BeeHive Homes of Great Falls features life enrichment activities

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

BeeHive Homes of Great Falls promotes frequent physical and mental exercise opportunities

BeeHive Homes of Great Falls provides a home-like residential environment

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

BeeHive Homes of Great Falls assesses individual resident care needs

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

BeeHive Homes of Great Falls assists qualified veterans with Aid and Attendance benefits

BeeHive Homes of Great Falls encourages meaningful resident-to-staff relationships

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

BeeHive Homes of Great Falls has a phone number of (406) 205-4516

BeeHive Homes of Great Falls has an address of 2320 15th Ave S, Great Falls, MT 59405

BeeHive Homes of Great Falls has a website <https://beehivehomes.com/locations/great-falls/>

BeeHive Homes of Great Falls has Google Maps listing <https://maps.app.goo.gl/1z93HCVXHyRSY9gU6>

BeeHive Homes of Great Falls has Facebook page <https://www.facebook.com/beehivehomesgreatfalls>

BeeHive Homes of Great Falls has an Instagram page <https://www.instagram.com/beehivehomesofgreatfalls>

BeeHive Homes of Great Falls won Top Assisted Living Homes 2025

BeeHive Homes of Great Falls earned Best Customer Service Award 2024

BeeHive Homes of Great Falls placed 1st for Senior Living Communities 2025

People Also Ask about BeeHive Homes of Great Falls

What is BeeHive Homes of Great Falls Living monthly room rate?

The monthly cost for assisted living, memory care, or senior care in Great Falls, MT depends on the level of care needed. Each resident receives a personalized assessment, and pricing is based on that evaluation. BeeHive Homes is known for clear, transparent pricing with no hidden fees

Can residents remain at BeeHive Homes as their care needs change?

In many cases, yes. BeeHive Homes of Great Falls is designed to support residents as their needs evolve, whether that means increased assistance with daily living or transitioning to memory care within the BeeHive network. Residents may remain as long as their needs can be safely met without 24-hour skilled nursing

What types of senior care are offered at BeeHive Homes

of Great Falls, MT?

BeeHive Homes of Great Falls provides a range of care options, including assisted living, memory care, respite care, and specialized traumatic brain injury (TBI) assisted living care. Care is offered across eight (8) residential-style BeeHive Homes located throughout the Great Falls community, each designed to support a specific level of care

What is Traumatic Brain Injury (TBI) assisted living care?

Traumatic Brain Injury assisted living care is designed for individuals who need daily support following a brain injury but do not require 24-hour skilled nursing. At Fireweed Home, BeeHive Homes of Great Falls provides structured routines, personalized assistance, and consistent supervision tailored to the unique needs associated with TBI

Can families tour BeeHive Homes of Great Falls?

Absolutely! Families are encouraged to schedule a tour to learn more about assisted living, memory care, and senior living in Great Falls, MT. To arrange a visit or speak with our team, please call (406) 205-4516

Where is BeeHive Homes of Great Falls located?

BeeHive Homes of Great Falls is conveniently located at 2320 15th Ave S, Great Falls, MT 59405. You can easily find directions on [Google Maps](#) or call at [\(406\) 205-4516](#) Monday through Sunday Open 24 hours

How can I contact BeeHive Homes of Great Falls?

You can contact BeeHive Homes of Great Falls by phone at: [\(406\) 205-4516](#), visit their website at <https://beehivehomes.com/locations/great-falls>, or connect on social media via [Facebook](#) or [Instagram](#)

Conveniently located near Beehive Homes of Great Falls [AMC CLASSIC Great Falls](#) a great movie theater with full food & drink menu. Catch a movie and enjoy some great food while you wait.