

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 arrive at a tour with a knot in the stomach and a list of hopes. They desire a location where their parent is safe, however not confined. They want personnel who really know the person, not just the medical diagnosis. They likewise require an agreement that will not surprise them when care needs rise. A good tour can address those requirements, if you understand where to look and what to ask.

What a terrific tour actually reveals

A polished lobby and a fresh coat of paint do not tell you much about dementia care. The significant signals are more ordinary: how rapidly an employee notifications a resident at risk of wandering towards the exit, whether a caretaker kneels to a resident's eye level when speaking, if the schedule flexes to the person rather than the person being bent to the schedule. Focus on rhythm. Do locals appear hurried, or do personnel allow time for choices? Do you hear genuine conversation, or just task-focused commands?

Touring is your possibility to see the home's culture in movement. Ask questions, however also request to observe little things up close, like a medication pass or a mealtime in the memory care dining room. The best neighborhoods welcome this level of transparency since they take pride in their routines.

Before you go: align needs, spending plan, and timing

Families frequently lose weeks visiting locations that do not fit the actual needs. A brief calibration before you step inside saves time and distress. Talk candidly with the main physician and any home health nurse who

understands your loved one. Name the day-to-day realities: incontinence, exit looking for, sleep reversal, sundowning, swallowing concerns, falls, aggression triggered by bathing. A community that shines for moderate memory loss might not be geared up for late-stage dementia or complicated medical care.

Use this brief checklist to prepare, and bring responses on tour:

- Current medical diagnoses and top three care challenges
- List of medications and who recommends them
- Mobility status, recent falls, and assistive devices
- Budget range and funding sources, consisting of long-lasting care insurance or veterans benefits
- Preferred hospital, hospice, and medical care relationships

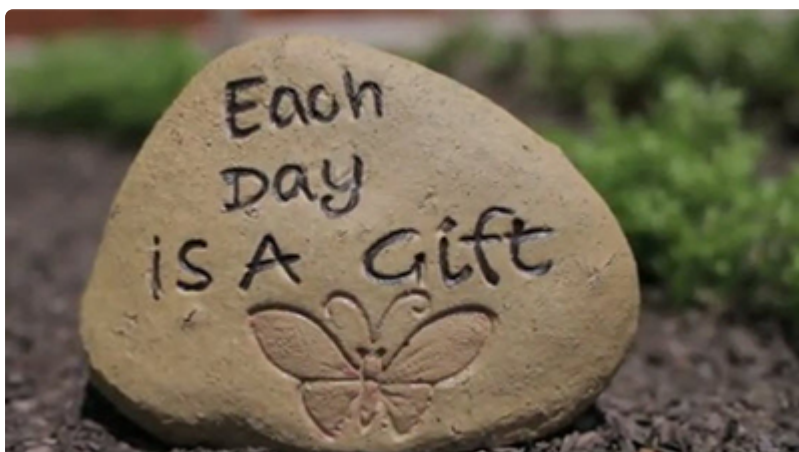
Having these details noticeable assists the community offer particular responses, not unclear reassurances. It also lets you compare apples to apples when you examine costs and care tiers.

Staffing and training: who is really doing the work

Most of memory care is human work. Ratios matter, however they do not inform the entire story. Request typical staffing by shift for the devoted dementia care system: day, evening, and over night. Numerous neighborhoods report ranges like 1 caregiver for 6 to 8 locals throughout the day, 1 for 8 to 10 in the evening, and 1 for 12 to 15 overnight, with a nurse either on-site or on-call. Listen for how they deal with call-offs and rises in requirement. A posted ratio implies little if it collapses every weekend.

Ask about training material, not just hours. State minimums might be 8 to 12 hours every year, which hardly covers the essentials. Strong programs go deeper: acknowledging and avoiding delirium, nonpharmacologic approaches to distress, safe transfers for contractures, interaction strategies for aphasia, and trauma-informed care. Request examples of recent trainings and who attended. If they utilize company personnel, how do they orient them to resident histories and behavioral care plans?

Probe supervision. A flooring nurse who is likewise covering 2 other units can not coach caregivers in the moment. Ask, throughout a common afternoon, who can action in to lead a de-escalation or adjust PRN medications if a resident is pacing and tearful.



Care planning and clinical oversight

Your loved one is more than a set of jobs. The care plan must show that. Ask how the preliminary evaluation is carried out and who participates. A strong technique includes input from nursing, activities, dietary, the family,

and, when possible, the resident. Ask how rapidly they finish the very first care plan after move-in. Forty-eight to seventy-two hours is a reasonable target, with an official evaluation at 30 days.

Inquire about physician coverage. Some memory care neighborhoods partner with a devoted geriatrician or innovative practice provider who rounds weekly or biweekly. Others rely on outside primary care visits. There is no single right model, however clarity matters. Who manages emerging issues like a suspected urinary system infection on a Sunday night? How are laboratories drawn? Can they administer intramuscular injections on-site? If they point out telehealth, ask how they take crucial indications and who facilitates the visit. A good answer consists of ready pre-visit notes and a way to carry out orders promptly.

Medication management should have a deep dive. Enjoy a med pass if allowed. Are medications crushed securely when needed, and are consent and drug store assistance documented? How do they track rejections? Request for their last survey's medication mistake rate and how they addressed it. Even if they do not share numbers, their willingness to discuss quality signs informs you a lot.

Safety you can feel, not simply see

Locked doors are not the only sign of a safe dementia care unit. Look at sightlines. Staff needs to be able to see typical areas without leaving one resident alone in a corner. Look for purposeful design: contrasting colors on bathroom fixtures so depth perception concerns do not cause falls, simple signage with both words and images, floor covering with low glare to lower the illusion of damp areas. If the building uses alarms, test one. How rapidly do personnel react to a door chime or a wearable alert? Under 60 seconds in common areas is a strong standard; longer reactions require follow-up questions.

Outdoor area is not a luxury. Ask how typically homeowners go outdoors and who supervises. A fenced garden that no one uses is not meaningful. Search for chairs with arms for much easier sit-to-stand, shaded paths, and something to do with hands, such as raised planters or a bird feeder. Ask how they manage heat waves or bad air quality days.

Fire safety and elopement plans must be more than binders on a shelf. Ask for a plain-language description of their last real incident and what changed because of it. You are not seeking excellence; you are looking for a culture that learns.

Daily life: rhythm, option, and purpose

In a great dementia care setting, the day has a gentle structure with room for an individual's long-held routines. Ask to see the day's activity calendar, then compare it to truth in the living room. Are people dozing while an employee skims a binder, or do you see small groups with customized jobs? Activities need not be fancy. Folding towels, matching socks, sanding a block of wood, reading the sports page aloud, or listening to music from the right years can all be therapeutic. The question is whether staff can align the ideal activity with the best individual at the ideal time.



Look at early mornings. Locals with dementia often struggle most with bathing and dressing. Ask how they ease this, specifically for someone who resists showers. Listen for strategies such as warm towels, detailed cueing, alternate bathing days, familiar music, and permitting a resident to assist with their own care even if it takes longer. Time pressure is the opponent here.

Sleep patterns reveal the health of the system. If your father wakes at 4 a.m. Every day from years on a farm, can the team deal coffee, a peaceful walk, and safe guidance instead of insisting on a standard wake time? If nights are disorderly, you will notice it in the staff's faces by 10 a.m.

Food, hydration, and dignity at the table

Meal times are windows into culture. Sit in if you can. Is the room calm enough for someone with sensory overload to consume? Are plates in colors that contrast with food, so visual deficits do not cut consumption? Ask whether they use adaptive utensils and plate guards without making a person feel singled out. If your mother has slimmed down, request to see their fortified treats and between-meal hydration regimen. Drinking from a favorite mug, shakes with added protein, finger foods for those who rate, and small, frequent offers frequently beat large, official meals.

Texture-modified diet plans require skill. Observe how they plate pureed foods. Do they look appetizing, or like scoops on a tray? If a resident coughs throughout the meal, does personnel know the swallow plan and how to respond without shaming? Ask how they train new hires on dysphagia and choking action. If they use thickened liquids, who sets the level and who checks adherence?

Families fret about alcohol. Bring it up if appropriate. Some communities allow a supervised glass of wine; others do not. The best answer is the one that fits security and the person's worths, with clear documentation.

Behavioral assistance without reflex to restraints

Distress habits are communication, not "acting out." Check out how the group checks out those signals. Request a story of a resident who routinely called out or tried to leave. What did they attempt initially? Strong programs begin with triggers and patterns: pain, infection, dullness, constipation, medication side effects, overstimulation, sorrow. They adjust environment and routine before requesting psychotropics.

Ask who can purchase PRN antipsychotics, how often they are utilized, and what the review procedure looks like. Many areas need steady dosage reductions and regular monthly reviews; compliance appears in how rapidly they can describe their data and oversight. Physical restraints in dementia care are unusual and generally inappropriate, but the edges can be gray, like lap belts or "scoop" chairs. Ask how they define restraint, how they seek authorization, and what alternatives they try.

When an intense crisis occurs, where do they send locals? Some locations have geriatric psychiatric systems; others rely on emergency situation departments. Neither path is easy. Ask what staff carries out in the first 30 minutes of a crisis and who stays with the resident throughout transfer. Empathy during the worst minutes matters as much as any amenity.

Family involvement and real-time communication

Families are not visitors; they are partners. Ask how often the group will proactively call you, and what activates a same-day upgrade. Examples include a fall, a brand-new skin tear, rejection of three or more meals, a brand-new medication, or a substantial change in mood. If they utilize a household app, ask what is recorded there versus what still requires a direct call. Innovation helps, but it does not replace judgment.

Request the schedule of care strategy conferences. Quarterly prevails, but regular monthly check-ins during the first 90 days often make the difference in between a rocky relocation and a stable one. Ask whether you can leave brief notes about life history, chosen music, or convenience items. A binder of "About Me" pages works only if staff in fact reads it. See whether caregivers can tell you three individual realities about locals in the space. If not, paperwork is not reaching the floor.

Visiting hours and versatility matter. If nights are your only time, will staff welcome you, or does the system shut down at 5 p.m.? If you wish to take your spouse out for a drive, what is the sign-out process and how do they prepare medications or snacks?

Pricing, agreements, and what changes your bill

Memory care prices is hardly ever basic. Some communities use extensive rates, others utilize tiered care levels, and numerous layer task-based charges on top of base rent. Request a blank agreement and a sample statement that matches your loved one's profile. Then produce circumstances. If your father begins to require two-person transfers, what charge is added? If your mother develops insulin-dependent diabetes, who handles injections and at what expense? Clarify who spends for incontinence supplies, injury dressings, and transport to outdoors appointments.

Expect memory care to cost more than basic senior care assisted living, provided the staffing intensity. In many regions, private-pay memory care ranges from the low \$5,000 s to over \$10,000 per month, with metropolitan areas frequently at the top of the variety. Complete sounds comforting, however verify what "all" suggests. Ask what would force a relocate to a higher-acuity setting. Some homes can not manage feeding tubes, sliding-scale insulin, or consistent exit seeking with aggression. Calling those limits now spares you a crisis later.

If you anticipate a short-term requirement, inquire about respite care. Respite stays, frequently 14 to 1 month, can cost more daily, but they let you check the fit and recover as a caretaker. Clarify whether respite homeowners receive the exact same staffing and activity gain access to as full-time citizens and how shifts to irreversible positioning work.

Transitions, hospitalization, and the last chapter

No one likes to consider it throughout a tour, but you should. Health problem and decline are part of dementia. Ask how the community manages medical facility transfers. Do they send out a team member or an in-depth package with medication lists, baseline habits, and communication needs? The objective is to reduce delirium and prevent return visits. In some locations, on-site x-ray and laboratory services reduce preventable hospital trips; ask what is available.

Hospice can be a present for late-stage dementia, adding nursing, social work, spiritual care, and equipment support. Not every dementia care neighborhood partners well with hospice. Ask the number of existing citizens receive hospice, where they pass away, and what convenience steps prevail. A good response includes family existence at odd hours, familiar music, mouth take care of convenience, and personnel who comprehend terminal restlessness. If a place sounds squeamish about this stage, believe twice.

Special circumstances: young-onset, language, culture, and couples

Not all dementia looks the exact same. Young-onset cases may provide with more physical strength, different habits profiles, and social needs that do not fit a standard bingo calendar. Ask whether they have taken care of residents under 65 and what they altered to support them. Language and culture also form life. If your parent speaks little English now, can the group communicate standard requirements and comfort? Exist bilingual staff members on every shift, not simply daytime? Food, vacations, music, and faith practices must match the person whenever possible.

Couples face a difficult compromise. Some neighborhoods allow a spouse to reside on the dementia care unit; others keep memory care separate. Inquire about mixed-level choices, such as adjacent rooms throughout care levels, and how rates works for the well spouse. Clearness here conserves pain later.

What your senses get: little red flags worth heeding

You will take in more than you realize during a walk-through. Train your senses to observe these hints:

- Staff discussing citizens or referring to them as "feeders" or "two-persons"
- Long wait times after a call bell or noticeable restlessness without engagement
- Strong odors that stick around in several locations, not just briefly in a bathroom
- A calendar filled with activities that do not match what residents are really doing
- Defensive answers when you request for data on falls, medication errors, or turnover

None of these alone is a deal-breaker, however taken together they sketch a pattern. A positive team responses tough concerns without flinching and invites you back at an unannounced time to see for yourself.

Comparing homes after numerous tours

After three or 4 trips, details blur. Document observations the very same day. What did personnel call homeowners, by name or "darling"? Did anybody inquire about your parent's life before the disease? Did a manager appear on the floor and engage naturally, or only throughout the scripted meet-and-greet? Keep in mind sensory impressions at meals, hallway noise, and lighting. If you can, return at a various hour, such as late afternoon when sundowning can peak. A community that feels calm at 10 a.m. Might run hot at 5 p.m.

Align your notes to the person's values. If your mother always kept a garden, a vibrant courtyard and day-to-day outdoor strolls might outweigh more recent furnishings. If your father prized privacy, a quieter wing with smaller sized dining rooms might matter more than group activities. Rate still counts, however keep in mind that a community that avoids one hospitalization or one significant fall can balance out greater regular monthly costs, both financially and emotionally.

Questions that open doors to real answers

Well-framed questions trigger specific, sincere replies. Instead of "Do you manage behaviors?", try "Inform me about a recent afternoon when a resident tried to leave. What did you attempt initially, and who concerned help?" Instead of "Is your personnel trained?", ask "What was last month's dementia training topic, and how do you evaluate whether it changed practice on the floor?" Replace "Are you safe?" with "When was the last time a resident left a secured area without authorization, and what altered afterward?"

Ask to satisfy the people who will matter everyday: the med tech who covers nights, the assistant who floats overnight, the activities lead, and the dining manager. Supervisors wish to state yes; your loved one needs the professionals who will show up at 7 p.m. On a Sunday.

When you are still not sure, try a trial

If the neighborhood provides respite care, consider a brief stay. 2 to 4 weeks can reveal whether your loved one settles in, eats, sleeps, and engages. Make it [memory care near me](#) a true test: send out preferred clothes, normal toiletries, and a brief life story with cues that work at home. Drop in at varied times. If the group works together with you during respite, irreversible positioning frequently feels less like a leap and more like a step.

For family caregivers stabilizing home care and placement

Many families use home care as long as possible. That is a legitimate path, specifically with a trusted assistant and a supportive adult day program. Keep an eye on caregiver strain, night safety, and medical complexity. If you are up two times nighttime, managing incontinence, and fielding daytime calls from neighbors about roaming, the danger in your home might now exceed the danger of a move. A great dementia care neighborhood does not change love; it covers expert structure around it.

Memory care within senior care campuses varies extensively. Some run as small, purpose-built communities with 12 to 20 residents and dedicated teams. Others are units inside larger buildings where staff float. Small can be great for familiarity, however it can also indicate fewer on-site nurses after hours. Large can bring more scientific resources and therapy services, but it risks anonymity. Match the model to your parent's needs, not to marketing language.

The bottom line: what you are looking for

You are looking for a location that treats dementia care as a craft built from hundreds of little, repeatable acts. The ideal home responses in-depth concerns without hedging, welcomes observation, and reveals you how they adapt care to the person when the individual can not adjust to the illness. Your tour is not about capturing them out; it is about finding partners you rely on with the hardest task you have ever had.

Keep your notes, compare them against your loved one's worths, and provide yourself time to feel the fit. The ideal neighborhood will make itself known in the method personnel welcome citizens by name, stick around for another joke at the table, and notification when somebody's brow furrows before distress shows up. That is the texture of excellent care, and you can acknowledge it when you walk through the door.



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>
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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](#) 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](#)

[Brashear Lake Park](#) offers walking paths and water views ideal for assisted living and memory care residents enjoying senior care and respite care outings.