

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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Choosing the right setting for an older adult is one of those decisions that feels both immediate and overwhelming. Families frequently call me after a fall, a hospitalization, or an abrupt scare, and the first sentence is generally the very same: "I don't even understand where to begin."

The difficulty is that we use "senior care" as if it were something. It is not. Independent living, assisted living, nursing homes, and respite care all serve really various functions. When you comprehend what each does well, and just as significantly what it does not do, the path forward ends up being clearer.

This guide walks through how these settings compare in day to day reality, not simply on glossy pamphlets. The objective is to assist you match a real person, with real strengths and restrictions, to the ideal level of support.

How the main senior care settings differ in practice

On paper, the distinctions look neat. Independent living is for active seniors. Assisted living adds help with everyday jobs. Nursing homes offer 24/7 proficient nursing. In truth, the lines blur, and every structure has its own culture.

It assists to think less about labels and more about 3 axes:

1. How much hands on aid with daily activities is available.
2. How much medical oversight and monitoring exists on site.

3. How much control the person keeps over their schedule and lifestyle.

Each type of elderly care balances those three factors differently.

Independent living: way of life first, assistance second

Independent living communities are frequently the very first formal action in senior care, though lots of citizens do not believe of them as "care" at all. They see them as a safer, simpler way to live without the concern of home maintenance.

These communities normally provide personal apartment or condos, communal dining, house cleaning, maintenance, scheduled transport, and a calendar of social and wellness activities. Staff exist, however they are not there to supply hands on individual care.

From the resident's viewpoint, independent living feels closest to routine apartment or condo life. They lock their own door, choose their own routines, and decide which services to use. The safety net is lighter: pull cables, emergency pendants, and staff who can react to an occurrence, but not necessarily a nurse in the structure 24/7.

Independent living can be a strong fit when:

- The individual is still able to handle personal care, medications, and movement with little or no help.
- Driving is ending up being stressful or risky and they need transportation solutions.
- Loneliness is creeping in and social seclusion is a concern.
- The home environment has become too much, such as stairs, yard work, or continuous repairs.

What independent living does refrain from doing well is ongoing medical management. If your parent has unsteady heart failure, needs insulin adjustments, or has problem with complex injury care, an independent setting will likely rely greatly on outdoors home health nurses and regular clinic visits. Personnel may discover that "something is off," however they are not there to handle medical crises.

A common mistaken belief is that staff in independent living will instantly "watch" on citizens' medication adherence, nutrition, and hydration. Some communities provide additional fee based health checks, but the baseline expectation is self-reliance. Problems can go unnoticed longer than households realize, specifically if the resident is personal or lessening their struggles.

Assisted living: daily support and a mid level of oversight

Assisted living sits in between independent living and nursing homes. It is designed for people who can no longer handle safely by themselves, yet do not need continuous skilled nursing care.

Residents normally reside in private or semi personal houses. The building design might look comparable to independent living, but the staff mix and expectations vary. Assistants are offered to assist with what specialists call activities of daily living: bathing, dressing, grooming, toileting, transferring, and sometimes eating. Medication administration is typically a major service, with personnel organizing tablet boxes, advising citizens, and physically handing out medications.

Nursing presence in assisted living varies. In some states, regulations require a nurse on site for a certain variety of hours daily. In others, a nurse may be shared throughout several buildings or readily available on call. That difference matters for people with more than routine medical needs.

In practical terms, assisted living works well when somebody:

- Needs regular help with one or more personal care jobs, such as showering, dressing, or getting securely in and out of bed.
- Has medication routines that they can not reliably manage alone.
- Is at threat of falls and benefits from more regular check ins.
- Has moderate to moderate cognitive decline however can still participate meaningfully in everyday decisions.

Compared to independent living, there is more structure in assisted living. Meals are normally served at set times, care tasks are arranged, and staff documentation is more official since of regulative expectations.

Families often assume assisted living can "do everything" except a ventilator. That is not precise. Assisted living is not a small hospital. Typical restrictions consist of:

- No capacity for continuous heart, oxygen, or telemetry monitoring.
- Limited capability to manage intricate behavioral issues in advanced dementia.
- Restrictions around feeding tubes, complex IV medications, or regular suctioning.
- Inconsistent capability to handle late phase Parkinson's or other conditions that require intensive, hands on care many times per hour.

When requires move beyond what assisted living can securely supply, nursing homes (also called competent nursing facilities) go into the picture.

Nursing homes: treatment and 24/7 supervision

Nursing homes offer the greatest level of care in the basic senior care continuum except a medical facility. They are certified as health care facilities, staffed with nurses and assistants around the clock, frequently with on website access to physical, occupational, and speech therapy.

Residents in nursing homes typically fall into two broad categories. First are short stay patients who come for rehab after a hospital stay, for example following a hip fracture or stroke. Second are long term citizens whose chronic conditions or practical restrictions are too substantial for assisted living.

In a nursing home, every resident has a personalized care strategy examined frequently by an interdisciplinary team. Medication management is detailed. Important signs and weight are tracked. Laboratory draws, wound treatments, catheter care, and oxygen changes belong to regular operations.

That level of oversight is vital for individuals who:

- Need knowledgeable nursing services everyday or near daily.
- Cannot dependably transfer or reposition themselves, raising risk for pressure injuries.
- Have advanced dementia with considerable behavioral issues or wandering.
- Require complex medical devices such as feeding tubes or frequent IV medications.

The trade off is environment and autonomy. Nursing homes feel more clinical. Shared spaces are common, especially under Medicaid funding. Daily routines are formed around personnel workflows and medical requirements. Locals still have rights and options, but that liberty exists inside a healthcare framework.

One useful point: families frequently ask whether moving a loved one to a nursing home suggests "quitting." In my experience, it is much better framed as matching the strength of assistance to the intensity of requirement. For somebody who is unsafe without really close monitoring, a nursing home can reduce emergency room visits, give structure to days and nights, and ease family caregivers who have been running at an unsustainable pace.

Respite care: short-term relief and test drives

Respite care is the most misconstrued piece of elderly care. Rather of being a long term placement, respite is short-term care supplied to offer the typical caregiver a break or to bridge a transition.

Respite can occur in numerous settings:

- In home, where a paid caretaker or nurse comes for a set variety of hours or days.
- In assisted living or nursing homes, where the person remains for a restricted period, regularly 1 to 30 days.
- In adult day programs, where the individual goes to throughout daytime hours only.

Families frequently discover respite care after a crisis, such as a caregiver's hospitalization or burnout. Used proactively, it can avoid those crises. I have actually seen partners keep their loved one at home for many years longer because they integrated in a routine rhythm of respite, such as one weekend a month or a week each quarter.

Respite remains in assisted living likewise serve another valuable function: they let everybody see how a person adapts to communal living without a long-term commitment. You find out how they sleep, whether they sign up with activities, and just how much personnel support they genuinely require. That info forms longer term choices and can fix overoptimistic or overpessimistic assumptions.



One restriction of respite care is schedule. Neighborhoods might have designated respite houses, or they might provide respite just when a regular apartment or condo is momentarily vacant. Preparation ahead helps.

Comparing the settings side by side

Although I do not suggest basing choices exclusively on lists, it helps to see how these care types align on a couple of core dimensions.

Element	Independent living	Assisted living	Nursing home
Primary focus	Way of life and convenience	Assistance with day-to-day tasks and fundamental health needs	Detailed medical and individual care
Medical personnel on site	Very little, frequently none on website	Assistants plus limited nursing hours	Nurses and assistants 24/7
Personal care support	Not consistently supplied	Yes, scheduled and as needed	Yes, extensive and frequent
Medication management	Resident managed, some tips possible	Staff handled and recorded	Totally managed with pharmacy oversight
Normal resident profile	Independent, socially oriented	Requirements help with ADLs, some cognitive problems	Substantial medical or cognitive needs
Home/ room type	Personal homes	Personal or semi private apartments	Private or shared

spaces, more scientific layout|| Payment sources|Primarily private pay|Primarily personal pay, some waivers in some states|Mix of Medicare (brief stay), Medicaid, personal|

This table simplifies a messy truth. Regulations vary by state, and individual neighborhoods stretch or narrow their service lines within those restrictions. When you tour, you are not just taking a look at the classification. You are assessing how that particular structure interprets its role.

Signs that independent living may no longer be enough

Many families delay transitions since they fear distressing their loved one, or they hope that "a bit more assist" will be enough. That is easy to understand. Still, certain patterns typically signal that independent living no longer matches the individual's needs.

Examples consist of repeated medication mistakes, such as missed doses, double dosing, or confusion about new prescriptions. Another warning is increased involvement from the neighborhood's staff. If housekeeping, dining room teams, or front desk staff are often calling you about concerns, they may currently be extending beyond what their function allows.



Frequent falls, even if minor, recommend that mobility or judgment has altered. So do episodes of getting lost within the building, leaving stoves on, or blending day and night. When next-door neighbors start acting as de facto caregivers, checking in numerous times a day, the arrangement is beginning to surpass what independent living can securely support.

The natural next step for many of these citizens is assisted residing in the very same school, if readily available, or in a similar neighborhood. Familiar environments alleviate the shift, especially for somebody with cognitive impairment.

When assisted living reaches its limits

On the surface, assisted living might look calm and capable. Residents are dressed, public areas neat, and staff appear mindful. Below, personnel may already be pressing their licensed scope of practice to keep certain residents stable.

Practical tipping points include:



- Recurrent hospitalizations for infections, heart failure, or breathing issues regardless of great daily care.
- Needs for 2 or more personnel to safely move the person, especially if those transfers occur often times a day.
- Aggressive or hazardous behaviors connected to dementia that put other citizens or personnel at risk.
- Complex medical equipment that needs skilled oversight, not simply standard training.

In those scenarios, even the very best assisted living team ultimately needs to admit that a nursing home environment is more secure. This is not failure. It shows the various legal and useful structures under which each type of building operates.

A simple process for selecting the ideal level of senior care

Families often request for a formula. There is no perfect one, but there is a procedure that regularly clarifies thinking. Use the following as a working series, not a stiff rulebook.

1. Start with function, not age. Note what the person can do individually, what they can do with prompting, and what they can not do even with help. Be brutally honest about bathing, toileting, transfers, consuming, and managing medications and money.
2. Identify the leading three safety concerns. Falls, wandering, avoiding meds, driving, cooking, or vulnerability to frauds are all common. Rank them by threat and impact. This matters more than counting diagnoses.
3. Map existing support. Who is presently helping and how frequently: spouse, adult child, next-door neighbor, paid aide, or nobody. Include travel distance, work schedules, and caregiver health. Numerous plans fail because they assume more family accessibility than in fact exists.
4. Factor in medical intricacy. Consider how typically the individual sees physicians, whether they require frequent monitoring, and how rapidly they decline when sick. A reasonably stable 90 year old might fit assisted living much better than a medically delicate 70 year old.
5. Weigh worths and choices. Some older grownups would accept more danger to protect independence. Others prioritize security and medical backup. Put those desires beside the truths above and ask where you can jeopardize and where you cannot.

When families walk through this process on paper, the suitable setting generally emerges. If function is high and security concerns are mainly about social seclusion, independent living might be adequate. If individual care requirements and [senior care](#) medication intricacy dominate, assisted living becomes appealing. When security and medical complexity are both high, nursing home level care, potentially preceded by a respite stay, is worthy of serious consideration.

How expense and financing differ throughout settings

The financial side of elderly care frequently surprises people more than the psychological side. A few guiding concepts help set practical expectations.

Independent and assisted living are mainly personal pay in the United States. Monthly fees often vary from a couple of thousand dollars to upper four figures or more, depending upon area, home size, and service levels. Some states provide Medicaid waiver programs that fund assisted living for qualified low earnings homeowners, however slots are minimal and waiting lists common.

Nursing homes mix 3 main payers: Medicare, Medicaid, and personal pay. Medicare covers short-term skilled stays after certifying hospitalizations under specific guidelines. It does not pay forever for long term custodial care. When Medicare coverage ends, citizens either pay privately or, if eligible, shift to Medicaid. Medicaid ends up being the primary payer for a big share of long stay residents.

Respite care can be paid out of pocket, through particular insurance coverage strategies, or in restricted cases through veteran advantages or regional relief programs. Costs differ extensively by setting, however day-to-day rates in neighborhoods frequently align with their standard day-to-day room and board plus care fees.

Before touring communities, it is a good idea to collect:

- Rough regular monthly budget from income and assets.
- Insurance details: Medicare Benefit vs traditional Medicare, any long term care insurance, veteran status.
- A sense of how long current resources should last, especially if one spouse is much healthier and will outlive the other.

That monetary map will not determine every decision, yet it avoids heartbreaking surprises months into a placement.

Using respite care tactically, not just in crisis

Families who grow over the long term typically utilize respite care before they feel desperate. A daughter who looks after her mother in the house might set up a week of respite in assisted living twice a year, timed to her own busiest work periods. A child might generate in home respite every Saturday afternoon so he can attend his kids' games or merely rest.

These prepared breaks serve several functions. They secure the main caretaker's health, provide the older adult direct exposure to various environments and people, and test how well existing support arrangements are working. If your loved one has a hard time significantly during a short respite stay, that is information. It may imply they need a different type of setting sooner than anticipated, or that more gradual shaping of expectations is required.

I have also seen respite end up being a bridge throughout major life events, like a caretaker's surgery or relocation. Instead of rushing into an ill fitting long term placement, families use a 30 day respite stay while they sort out what follows. That buffer reduces pressure and permits more thoughtful choices.

When siblings and families disagree

Disagreements about elderly care are practically unavoidable. One sibling may promote a nursing home, another insist that "Mom assured she would never go to a facility." Underneath those positions typically lies a mix of guilt, fear, and different memories of childhood roles.

What assists is anchoring discussions in observable facts instead of analyses. Rather of "She is fine in the house," specify the number of times someone assists her shower every week, how many falls taken place in the last month, or how often the range was left on. Concrete information softens absolutist positions.

Bringing in a neutral expert evaluation can also break stalemates. Geriatric care supervisors, social workers attached to clinics or medical facilities, or palliative care teams can examine medical records, observe function, and suggest proper levels of care. When a non household professional states, "Based upon her existing requirements, assisted living would be unsafe, she qualifies for nursing home care," it carries weight.

If possible, involve the older adult truthfully. Sugarcoating typically backfires. Lots of senior citizens value being dealt with as partners rather than as problems to be resolved in trick. The way you frame choices matters. Expressions like "We wish to discover a location where you are safe and surrounded by people, and where we can visit as children, not simply as caretakers" typically land better than "You can not live alone any longer."

Final thoughts: matching person, requires, and setting

All of these care settings exist for a reason. Independent living supports lifestyle and community when maintenance and driving become too heavy. Assisted living bridges self-reliance and hands on aid, stabilizing life for those who require everyday assistance however not constant medical care. Nursing homes focus competent resources around those who are most clinically and functionally vulnerable. Respite care protects caretakers and provides everybody space to breathe.

The right option is the one that reasonably resolves present threats, prepares for near term modifications, appreciates the older grownup's values as much as possible, and fits within financial and household limits. Perfect solutions are unusual. Good enough services, reviewed and adjusted with time, are not only possible however common.

Elderly care is not a one time choice. It is a developing procedure. The more you comprehend what each setting genuinely offers, the better equipped you are to make each step of that journey with clearness and compassion.

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

BeeHive Homes of Andrews has a phone number of (432) 217-0123

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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](#), 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.