

Business Name: BeeHive Homes of Collierville

Address: 1368 Wolf River Blvd, Collierville, TN 38017

Phone: (901) 286-3455

BeeHive Homes of Collierville

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

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1368 Wolf River Blvd, Collierville, TN 38017

Business Hours

- Monday thru Sunday: Open 24 hours

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Families typically begin touring memory care neighborhoods after a series of demanding occasions, not a single bad day. Perhaps Dad wandered out the side door while the caretaker was in the bathroom. Maybe the overnight calls have actually become an everyday crisis. By the time you are comparing options, you currently understand the stakes are high. The objective is not simply discovering a location that looks clean and friendly. It is choosing who will keep your person safe at two in the early morning when agitation spikes, who will avoid a fall throughout a rushed transfer, who will speak out when a brand-new medication dulls their spark.

I have actually spent years walking households through these decisions and helping teams run much safer systems. The communities that do this well have a particular feel. They are not ideal, however patterns emerge. You can discover to find them.

What "safe" in fact indicates in a memory care environment

People frequently relate safety with electronic cameras and locked doors. Those tools matter, but they are the bare minimum. Real safety is the mix of environment, regimens, staff ability, and leadership culture that avoids predictable harm and reacts well when something goes wrong.

Elopement risk is genuine in dementia care. A safe border with discreet entry control safeguards dignity and safety, but a locked door is not a plan. Personnel require to know who is at danger of exit seeking, which paths they choose, and what expressions redirect them. I have viewed a nurse prevent a bolt for the door with an easy,

practiced line about walking to the "mail box" and after that a simple handoff to an activity space. That is training plus knowing the person.

Fall prevention resides in the mundane. Are floors matte, not shiny, so depth perception is not deceived? Are throw rugs eliminated? Are chairs the right height for the typical resident because system? The best units step. They check reclining chair heights, switch them if needed, and location visual hint strips on the very first and last steps of any modification in level. They inspect shoes at admission and after laundry incidents. These are not costly fixes, however they need ownership.

Medication security requires its own lens. Memory care locals often have numerous persistent conditions layered on top of cognitive decrease. Anticholinergics, benzodiazepines, particular sleep aids, and even some over-the-counter cold medicines can worsen confusion and balance. Strong programs keep an existing medication list, examine it routinely with a pharmacist, and track psychotropic use with intent to taper if behaviors can be handled otherwise. Ask how they coordinate with primary care and whether they run medication reconciliation after healthcare facility discharges.



Infection control altered after 2020. You are not requesting miracles. You are requesting a neighborhood that keeps an eye on hand hygiene, uses clear isolation signage when required, keeps PPE available, and communicates transparently about outbreaks. In memory care, homeowners might not tolerate masks or isolation. That means personnel have to be competent at low-friction preventative measures that still protect the group.

Emergency readiness does not look like a three-ring binder gathering dust. It looks like a published lineup with roles for evacuations and shelter in location, labeled go-bags for homeowners with important equipment, and routine drills that consist of nights and weekends. If you see a stack of wheelchairs with dead batteries, or the last fire drill date is from in 2015, keep your eyes open.

What staffing numbers actually inform you, and what they do not

Families typically ask for a ratio. It is a sensible instinct. Ratios are simple to compare. The reality is ratios can deceive if you do not know the context.

A day shift of one aide for 6 to 8 citizens in a dedicated memory care system can be sensible if the homeowners are mostly ambulatory and the team is stable. That very same ratio ends up being unsafe if lots of locals need two-person assists, have regular incontinence, or display aggressive habits. At night, you might see one aide for each eight to twelve locals, with a nurse covering two or more units. Some states set minimums, many do not, and acuity shifts quicker than the marketing brochure.

Skill mix matters more than the printed ratio. Does a nurse physically present on the unit all shifts, or is the nurse covering the whole structure? How many hours of dementia-specific training do new hires complete before taking independent projects? Is there a knowledgeable lead on each shift who understands the locals by name and history? If the building leans heavily on agency personnel, security can break down, not since firm employees do not have ability, however since consistency is a security tool in dementia care.

Scheduling patterns are a useful window into real staffing. Rotating schedules drain teams. Consistent assignments let assistants learn routines and choices, which reduces agitation, refusals, and hurried care. A stable assignment sheet is the difference between understanding Mr. R requires his cereal warm and his tablets in applesauce, versus rating breakfast while his stress and anxiety climbs.

Turnover is not a character flaw. It is a threat signal. Request quarterly turnover rates, not just annualized numbers. A brief spike after a change in management is not always a deal breaker. A pattern of constant churn generally shows up as more falls, more skin breakdowns, and more healthcare facility transfers. Skilled communities track those patterns and act on them.

Touring with a sharper eye

Tours typically occur in the golden hour, midmorning on a weekday. Staff are fresh, activities are visual, and leaders are readily available. That is fine for a very first visit. It is insufficient for a decision.

Arrive once unannounced at shift modification. Stand silently near the system door and watch handoff. Good handoff sounds concise and specific, with names and practical information. You must hear things like, "Mrs. P napped after lunch, missed her 2 pm fluids, make certain she consumes with dinner," or, "Mr. K tried a new antidepressant last night, slept 6 hours, was constant on his feet, look for lightheadedness." Vague phrases such as "everybody's great" are not helpful.

Watch a meal from start to end up, not simply the table set-up. Mealtime is both a security and self-respect checkpoint. Do nurses or assistants sit at eye level for cueing? Are adaptive utensils used properly, or deserted after one try? Is the space too loud for concentration? Search for the little triggers, the gentle hand-under-hand assistance that indicates genuine dementia care training.

Observe restroom support without intruding. Citizens with dementia might resist individual care. Personnel who are trained will utilize short, concrete phrases and sequencing, not pep talks or scolding. The speed you see throughout personal care informs you if the ratio is functioning in practice. If everyone looks hurried, they most likely are.



I likewise take notice of what is on the walls. A life story board with images and brief notes can direct new personnel and defuse agitation with an easy icebreaker. A care plan picture at the nurse's station with clear icons

for risks and choices is much better than a binder no one opens.

The role of environment, beyond pretty finishes

Good memory care architecture looks warm and ordinary. The best versions are peaceful problem solvers. Corridors have visual interest every couple of actions so pacing feels natural. Spaces are simple to recognize. Bathrooms keep towels and toiletries in sight, not hidden in drawers locals forget exist. Lighting is even, glare is tamed, and bulbs are bright enough for aging eyes.

Security needs to blend in. Delayed egress doors can be disguised with murals or bookshelves, however do not let aesthetics conceal a lack of clarity. Staff must demonstrate how alarms work and what the reaction appears like in under 60 seconds. Outside courtyards that are protected, shady, and available are more than advantages. Access to fresh air and a safe walking loop can reduce agitation and sun-downing.

Noise is often the neglected risk. Televisions blasting, phones calling, carts rattling on tile, all amount to confusion and irritability. I stroll a system with my ears as much as my eyes. Neighborhoods that insulate doors, place felt on chair legs, and use rubber-wheeled carts make calmer days and better nights.

Behavior assistance as a safety system

A resident who strikes out is not merely aggressive. They might be in pain, hurrying to the bathroom, overstimulated, or scared by a stranger's hands near their face. A community that treats behavior as communication runs much safer units. They track antecedents, not just incidents. They teach the hand-under-hand strategy, usage validation, and pair residents with personnel who have the best temperament.

Ask to see the habits tracking tool. If it is a log of dates and a single word like "agitation," that is not helpful. A useful note reads, "3:45 pm, hallway pacing, requiring other half, rerouted to picture album, tea offered, sat in sun parlor 20 minutes, settled." That entry can be turned into a plan. With time, the information ought to reveal fewer high-risk moments.

Psychotropic stewardship is part of this. Antipsychotics and sedatives can in some cases be required. They likewise increase fall threat and can flatten personality. Strong programs work together with prescribers, try environmental and activity changes initially, and, when medication is utilized, set a date to reassess.

Night shift realities

Safety during the night has a various texture. Less eyes, more fatigue, more confusion for citizens. I ask who is in fact on the unit in between 11 pm and 7 am. Is there a qualified nursing assistant in each area plus a nurse who rounds, or is one assistant covering two corridors and calling a float when needed? The number of locals are on bed or chair alarms, and who responds?

Good night teams have peaceful routines. They cluster care to minimize disturbances. They pre-position incontinence supplies and utilize low lighting for checks. They know who tends to wander around 3 am and who wakes thirsty. If you can, visit late. You will see whether call lights linger, whether the unit hums or frays.

After incidents: what occurs next

Every unit has falls. The difference is what follows. After a fall, you wish to see a head-to-toe evaluation, vitals, a neuro check if indicated, a call to the accountable party, and a brief huddle before the next shift on what to alter.

Modification is the key word. Did they lower the bed, change transfer strategy, swap footwear, include a cue, or change the toilet schedule? If the plan does not alter, the threat does not either.

Elopements are rarer but severe. A responsible community reports to regulators when needed, debriefs with the family, and documents system changes that surpass "re-educated staff." They may include a visual barrier, change staffing during a known trigger hour, or move a resident's room away from an exit. Households are worthy of to hear how they will avoid a 2nd event.

Hospitalization patterns narrate [respite care](#) too. A sharp rise in transfers for urinary tract infections or dehydration normally indicates missed fluids or toileting. Some systems utilize hydration carts at midmorning and midafternoon, tracking consumption with easy tallies. Little modifications like that lower health center runs, and you can ask to see those logs.

Documentation that indicates genuine work, not simply paperwork

Care strategies need to be legible, not simply certified. I look for resident choices, particular risks, and exact techniques. "Help with ADLs," means little. "Hint step by action for tooth brush, location brush in hand, switch on warm water initially," suggests staff understand what works. Task sheets inform you who is supposed to be where. If the system can not produce them, or they alter every day, consistency is most likely lacking.

Training records matter, but so does the method personnel speak about training. New hires need to finish dementia-specific training before they work individually with locals. Ongoing in-services should be interactive, not just video modules. When I ask an assistant about the last training they attended, the ones in strong programs can remember the subject and an example of how they utilized it on the floor.

Activities that are not window dressing

Engagement is a safety tool. A resident who is meaningfully inhabited is less most likely to roam or withstand care. Search for activities that match cognitive and physical capabilities, not a one-size-fits-all calendar. Early morning exercise groups that consist of range-of-motion, afternoon jobs that mirror familiar roles like folding towels or sorting hardware, and evening routines that unwind stimulation make a difference.

I ask who designs the program. A full-time life enrichment director with dementia care experience can tailor activities far much better than a turning cast of well-meaning assistants. Ask how they adjust for homeowners with innovative illness who can not participate in groups. One-on-one sensory kits, music tailored to individual history, and hand massages are not frills. They keep residents calm and minimize dependence on medication.

Respite care as a test drive

Respite care, a brief stay in a memory care unit, is an underused tool for evaluation. A three to fourteen day stay can reveal you how your person reacts to the environment, how the team adapts, and how interaction streams. It also provides the unit a chance to change the plan before a long-term relocation. If a neighborhood withstands respite because it is "too disruptive," that informs you something about their flexibility.

During respite, watch for the little things. Do they track sleep and appetite day by day and share a summary when you get your person? Did they ask you for your individual's regimens, food likes and dislikes, and preferred clothing? Those information anticipate success.

Trade-offs in between big and small settings

There is no single finest design. Little homes with 10 to sixteen homeowners can deliver amazing consistency and quieter days. Personnel discover everybody rapidly, and management hears about issues fast. The disadvantage is depth. If two personnel call out, coverage can get thin. Larger communities might provide more activities, on-site therapy, and a devoted nurse on each shift. They likewise can feel busier and less individual. Choose which risks you are more ready to manage.

Budget affects staffing. High-fee neighborhoods can afford more personnel per resident and more training hours, but rate does not guarantee quality. I have actually seen mid-priced neighborhoods outperform luxury buildings since the leadership team worked the flooring, fixed problems at the root, and developed a stable personnel culture.

Family involvement and interaction style

You desire a community that deals with households as partners. That does not indicate constant gain access to or micromanagement. It indicates foreseeable updates, fast reactions to concerns, and invites to care plan meetings that are more than formality. I ask to see how they communicate regular updates. Some use weekly emails with highlights and pictures, others schedule quick phone check-ins after noteworthy modifications. Either can work if it is reliable.

The tone used when talking about obstacles matters. If a director blames the resident for behaviors, or the family for "not telling us," I pause. If they speak to curiosity about what sets off a behavior and welcome you to teach them, that is the mindset you want.

Questions that expose how the location really runs

- On your busiest day last month, how did you change staffing on this unit, and who made that call?
- Can I see an example of a current care prepare for someone with comparable needs to my individual, with personal preferences included?
- When a resident falls, what actions do you take before the next shift arrives, and how do you change the plan within 24 hours?
- How numerous hours of dementia-specific training do new hires total before working individually, and what does the ongoing training calendar look like?
- On nights, who is physically present on the system, the number of residents do they cover, and how typically are rounds done?

A useful playbook for your visits

- Visit as soon as throughout a weekday morning, as soon as without an appointment at shift change, and as soon as at night or night if allowed.
- Ask to see project sheets for the present day and last weekend, and keep in mind how many names repeat on the same halls.
- Eat a meal in the dining-room, then ask a team member to reveal you where adaptive utensils and thickening representatives are stored.
- Request a quick, de-identified example of a fall review and what changed later, then try to find that modification on the unit.
- Before you leave, ask the highest-ranking nurse on task about a recent infection control obstacle and how the team managed it.

How to weigh what you learn

No single information point makes the decision. You are developing a photo. If the system is spotless however the night staffing is thin, can they change? If the ratio is excellent but turnover is high, what is the leadership doing to support? If the activity calendar looks complete however most locals seem disengaged, how will they tailor the prepare for your person? Use your notes to arrange findings into fixable gaps versus cultural red flags.

Fixable spaces consist of missing grab bars in one bathroom, a training subject that is due for refresh, or irregular use of adaptive utensils. Cultural red flags include leaders who can not address fundamental concerns about their citizens, a protective stance about events, or chronic dependence on agency personnel without a plan to recruit and retain.

Bringing it back to your person

All the basic guidance matters less than the fit for the person you like. If your mother was an instructor who flourished on a schedule, an unit with clear routines and morning activities might suit her. If your partner walks miles a day and gets uneasy inside, a community with a protected yard and staff who know how to stroll with purpose is safer than any keypad.



Strong memory care is not almost preventing harm. It has to do with enabling a good day usually. When security and staffing work together, residents sleep much better, eat more, argue less, and smile more. That is what you are shopping with your trust and your dollars. Take your time, ask the tough questions, and listen for the answers under the responses. The right location will invite that level of examination due to the fact that it is how they operate every day.

Finally, remember that numerous families start with respite care or part-time assistance like adult day programs to transition more gently. Senior care is a continuum. If you require to bridge the space while you choose, inquire about short stays or respite choices that let both your individual and the team discover what works. Thoughtful dementia care aspects that households are making changes under pressure and provides space to make the most safe option, not the fastest one.

BeeHive Homes of Collierville provides assisted living care

BeeHive Homes of Collierville provides memory care services

BeeHive Homes of Collierville provides respite care services

BeeHive Homes of Collierville supports assistance with bathing and grooming

BeeHive Homes of Collierville offers private bedrooms with private bathrooms

BeeHive Homes of Collierville provides medication monitoring and documentation

BeeHive Homes of Collierville serves dietitian-approved meals

BeeHive Homes of Collierville provides housekeeping services

BeeHive Homes of Collierville provides laundry services

BeeHive Homes of Collierville offers community dining and social engagement activities

BeeHive Homes of Collierville features life enrichment activities

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

BeeHive Homes of Collierville promotes frequent physical and mental exercise opportunities

BeeHive Homes of Collierville provides a home-like residential environment

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

BeeHive Homes of Collierville assesses individual resident care needs

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

BeeHive Homes of Collierville assists qualified veterans with Aid and Attendance benefits

BeeHive Homes of Collierville encourages meaningful resident-to-staff relationships

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

BeeHive Homes of Collierville has a phone number of (901) 286-3455

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BeeHive Homes of Collierville has a website <https://beehivehomes.com/locations/collierville/>

BeeHive Homes of Collierville has Google Maps listing <https://maps.app.goo.gl/F1PuQmWyGT6PTGmY6>

BeeHive Homes of Collierville has Facebook page <https://www.facebook.com/BeeHiveCollierville>

BeeHive Homes of Collierville has Instagram page <https://www.instagram.com/beehivecollierville/>

BeeHive Homes of Collierville won Top Assisted Living Homes 2025

BeeHive Homes of Collierville earned Best Customer Service Award 2024

BeeHive Homes of Collierville placed 1st for New Mexico Senior Living Communities 2025

People Also Ask about BeeHive Homes of Collierville

What is BeeHive Homes of Collierville Living monthly room rate?

The rate depends on the level of care that is needed. We do an initial evaluation for each potential resident to determine the level of care needed. The monthly rate is based on this evaluation. There are no hidden costs or fees

Can residents stay in BeeHive Homes of Collierville until the end of their life?

Usually yes. There are exceptions, such as when there are safety issues with the resident, or they need 24 hour skilled nursing services

Do we have a nurse on staff?

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

What are BeeHive Homes of Collierville's visiting hours?

Visiting hours are adjusted to accommodate the families and the resident's needs... just not too early or too late

Do we have couple's rooms available?

Yes, each home has rooms designed to accommodate couples. Please ask about the availability of these rooms

Where is BeeHive Homes of Collierville located?

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

How can I contact BeeHive Homes of Collierville?

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[Carrabba's Italian Grill](#) offers family-friendly dining that complements Assisted Living, Memory Care, Senior Care, Elderly Care, and Respite Care visits.