

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.

[View on Google Maps](#)

1368 Wolf River Blvd, Collierville, TN 38017

Business Hours

- Monday thru Sunday: Open 24 hours

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Picking a memory care neighborhood is not simply a real estate decision, it shapes the last chapters of somebody's life. Households arrive at this crossroad for lots of factors. A parent has actually started wandering at night. A spouse with dementia can no longer be securely raised after a fall. The primary caregiver is tired after months of interrupted sleep. Excellent memory care relieves these stress. It stabilizes security with autonomy, and scientific oversight with everyday joy. The difficult part is discriminating in between refined marketing and a place that will really fulfill your loved one's needs.

This guide makes use of years of work with families, nurses, and administrators inside senior care. It focuses on what to search for, what to ask, and how to judge compromises that hardly ever appear on shiny brochures.

What memory care is, and what it is not

Memory care is a customized type of senior care designed for individuals dealing with Alzheimer's disease and other dementias. It is normally housed within an assisted living neighborhood or a freestanding building. Compared to traditional assisted living, memory care uses secured environments, more staff training in dementia care, structured daily routines, and tailored activities that minimize stress and anxiety and confusion.



It is not a health center, even if there is a nurse on site. Memory care bridges 2 needs that often yank in opposite directions: safety and normalcy. The very best communities keep people safe without making them feel put behind bars. They support decision making without setting homeowners up to fail.

If you are uncertain whether it is time, think about threat. Repeated roaming outside, stove fires, frequent falls, weight reduction from missed out on meals, incontinence that overwhelms home resources, and aggressive behaviors that put someone at danger, all point toward the requirement for specialized dementia care. Respite care, which is a short stay in a memory care setting, can help you test the fit and capture your breath without dedicating to a long lease. Many households use respite care after a hospitalization or during a caretaker's medical leave to see how their loved one reacts to the structure and staff.

The care model under the hood

Every tour will discuss person-centered care. What matters is the equipment behind the expression. The heart of the design is staffing, medical [BeeHive Homes of Collierville memory care](#) oversight, and how the group responds to behavior and health changes.

Staffing ratios. There is no single nationwide requirement for memory care staffing, due to the fact that policies differ by state. Virtually, try to find daytime caretaker ratios in the variety of 1 to 5 or 1 to 8, depending on skill, and greater ratios at night, frequently 1 to 10 or 1 to 15. Ratios alone do not tell the complete story. Ask how staff are deployed. A ratio of 1 to 6 on paper can feel hazardous if half the team is on break or floating to another unit. Great operators schedule predictable breaks and float coverage so locals are not left waiting throughout meals and bathing.

Training. Dementia care is not instinctive. Quality neighborhoods provide at least 8 to 16 hours of specialized onboarding on dementia communication, redirection methods, and understanding of various dementias like Lewy body and frontotemporal illness. Continuous in-services, generally monthly, keep abilities fresh. Training ought to include nonpharmacologic techniques to agitation, safe transfers, infection acknowledgment, and how to engage individuals with aphasia. Ask to see a sample training calendar, not simply a brochure.

Clinical oversight. Memory care is typically supervised by a nurse, typically a RN who leads care planning and monitors medication technicians. Some buildings also host going to medical care suppliers, psychiatric nurse specialists, physical and physical therapists, and hospice teams. The very best setups include weekly or biweekly rounding by a doctor who can adjust medications and catch infections or dehydration early. A nurse who understands the locals will discover when a peaceful individual ends up being quieter, or when a chatty individual's words lose focus, and will connect those changes to possible medical issues.

Medication management. Behavior in dementia is typically a kind of communication. Medications that sedate can peaceful the habits however likewise strip away mobility and cognition. Experienced groups use antipsychotics and benzodiazepines with care and track adverse effects weekly throughout the first month. They deal with prescribers to taper, and they trial environmental fixes initially. Door camouflage, soothing music before sundown, pain control, bowel programs, and walking programs can reduce the really habits that activate medication use.

The environment informs the reality about priorities

Design can either calm or puzzle. Stroll the corridors slowly and see how citizens move.

Layout and wayfinding. Memory care systems with loops permit citizens to walk without dead ends that can stimulate frustration. Brief sightlines to dining rooms and activity spaces assist individuals participate. Try to find clear, large-print signs, contrasting colors on bathroom thresholds and toilet seats, and shadow boxes or memory screens by doors that cue space ownership. Personalized entranceways show the group values identity, not simply space numbers.

Lighting and sound. Intense, natural light reduces sundowning and improves sleep. Ask whether the community utilizes circadian lighting or at least prevents harsh fluorescent glare. Noise matters. Television volume in typical spaces that overwhelms discussion is a red flag. The areas ought to hum, not roar.

Safety features. Secure courtyards provide safe access to fresh air. Fencing ought to mix in, not feel punitive. Doors might be alarmed or utilize code pads. Wander management systems, like discreet bracelets, enable liberty within set zones. Fire protection, smoke barriers, and sprinklers must be apparent and code certified. Floors must be matte, not shiny, considering that glare can appear like water or holes to people with dementia-related visual changes.

Privacy and self-respect. Look at bathrooms. Are they clean, bright, and equipped with incontinence products in a way that does not promote a resident's difficulties to every passerby. Exist lift systems or ceiling tracks in spaces where homeowners require two-person transfers. If not, how do personnel protect backs and hips, both theirs and locals'.

Life between breakfast and bedtime

Programs that look vibrant at 11 a.m. And dead by 3 p.m. Often rely too much on a single activities director. Real life requires rhythm. Individuals with dementia do best with foreseeable regimens, little group engagement, and significant tasks.

Activities. Great calendars are not the objective. Participation is. Search for blended activities across the day: baking, garden strolls, chair yoga, singalongs, and one-on-one visits for those who prevent groups. Cognitive stimulation can be as basic as sorting nuts and bolts for a retired mechanic or folding towels for a former housewife who discovered pride in a tidy linen closet. Ask how the team engages people who refuse activities or nap throughout the day. A skilled aide will welcome, not require, and will adapt the task so the individual feels successful.

Meals. Food brings convenience. Examine whether meals are served family style or plated. Finger foods help those who struggle with utensils. High caloric density matters for individuals who speed. See a meal if you can. Do personnel sit and hint, or do they hover at a range. Are adaptive cups and plates readily available. Hydration stations with fruit-infused water or tea are useful, but just if staff prompt sips throughout the day.

Bathing and personal care. Bathing can set off anxiety. The most efficient technique is versatile scheduling and a calm rate. Look for non-slip seating, hand-held shower heads, and warmed towels. Ask how the group analyzes rejection. Is it a hard no, or does somebody try once again later with a various assistant who has better relationship. The answer exposes whether dignity is practiced or simply preached.

Sleep. Nights can be uneasy for individuals with dementia. Some neighborhoods run calming late-evening programs, like peaceful music, hand massages, and dimmed lights. Others turn off the lights and wish for the very best. If your loved one wanders at night, ask how they are monitored between midnight and 5 a.m., when staffing is thinnest.

Culture shows up in little moments

You can pick up culture in how staff greet each other and locals. Do aides know the names of family members. Do they laugh with locals without mocking them. Are supervisors noticeable beyond trips and meetings.

Leadership stability matters. High administrator or nurse turnover typically ripples through the structure. A group that has collaborated for several years prepares for issues before they swell. Ask how long the executive director, nurse leader, and department heads have been in location. Brief periods are not immediately bad if the operator is investing in a turn-around, but you should probe what changed and what is improving.

Communication standards matter too. Memory care is a three-way relationship between the resident, the team, and the household. Communities that schedule quarterly care plan conferences, return calls the exact same day, and share little wins build trust. One community I dealt with sent a weekly photo and two-sentence update to families. It was simple, yet it lowered anxiety and hospitalizations due to the fact that member of the family remained engaged.

Health integration, hospice, and healthcare facility use

Dementia care does not take place in a bubble. Citizens still get urinary system infections, pneumonia, cardiac arrest, and fractures. Look for a care model that can react inside the building whenever practical. Point-of-care lab draws, telehealth with the medical care team, and relationships with mobile x-ray services can reduce disruptive ER trips.

Hospice and palliative care are not failures. They are tools. A great memory care community partners with hospice agencies and comprehends when to refer. If your loved one is slimming down, withdrawing from activities, or experiencing frequent infections, palliative discussions can align care with comfort. Ask where end-of-life care normally takes place. Many individuals choose to die in location, with familiar personnel and family close by. That takes training, coordination, and a clear plan for sign management.

Falls happen. What matters is how the neighborhood gains from them. Occurrence evaluations ought to be regular. Was the flooring wet. Were shoes proper. Did a brand-new medication cause dizziness. Neighborhoods that track patterns can reduce repeat falls without resorting to unneeded restraint, which includes chemical restraint.

Cost, contracts, and what the fine print hides

Memory care is pricey. In numerous regions, regular monthly base rates range from 5,000 to 10,000 dollars, sometimes higher in major city areas. Pricing designs vary:

- Some neighborhoods use complete prices, where the base rate covers room, board, and most care.

- Others use tiered care levels, including charges as help needs boost, for instance an additional 800 dollars for aid with two-person transfers or incontinence care.
- Medication management can be included or billed per medication pass.
- Respite care is normally billed daily or week at a somewhat higher rate however without a long-lasting commitment.

Ask about annual rate boosts. Common ranges are 3 to 7 percent each year, however inflationary spikes can press greater. Clarify what activates a transfer to a higher care tier. If your loved one establishes behaviors that need additional staffing, the regular monthly bill may climb rapidly. Agreements need to specify notice durations for vacating, refund policies, and what takes place during hospitalizations. Some neighborhoods hold the space at full or partial rate throughout a healthcare facility stay, others enable temporary holds at a reduced fee.

Insurance hardly ever spends for room and board. Long-lasting care insurance might compensate part of the expense if the policy consists of memory care. Medicaid protection for memory care differs by state and is frequently connected to assisted living waivers. Veterans and making it through spouses might qualify for Help and Participation advantages. Reliable administrators assist households browse these programs without overpromising.

How to check out quality information without getting misled

Unlike nursing homes, lots of memory care systems sit inside assisted living and are not rated by a federal Five-Star system. Quality oversight depends upon state licensing. You can request state survey reports, which note shortages and corrective actions. A deficiency is not constantly a deal-breaker. Repetitive patterns matter more than a one-time citation for a documents lapse. Ombudsman offices can share grievance patterns and help households solve concerns.

Online reviews capture extremes. Look past star rankings and read for specifics. Constant themes, like bad communication or frequent staff turnover, are worthy of weight. Be cautious about anonymous tirades that do not align with what you see during a visit.

Touring technique that conserves time and exposes truth

Tours arranged mid-morning on a weekday are typically the neighborhood's best foot forward. You ought to see that variation, however also its opposite. Visit again throughout supper or on a weekend. Listen for how staff respond to buzzers, who sits with homeowners during meals, and whether supervisors are present or reachable.

Consider utilizing respite care for a week or more if the community uses it. A short stay exposes how your loved one responds to the environment. You will discover more from 3 bath attempts, 2 meals, and a Sunday afternoon than from any brochure.

Here is a concise tour-day checklist to keep you focused:

- Arrive unannounced for a second visit at a various time of day and view a meal.
- Ask three direct-care assistants for how long they have worked there and what training they get.
- Request to see the activity in a little group space, not just the main event in the lobby.
- Review the last state survey and ask what changed in response.
- Walk the courtyard and examine whether exits are safe however still feel humane.

Red flags you must not ignore

- Strong urine or fecal smells that stick around beyond a specific event, which frequently signifies chronic understaffing or poor infection control.
- Residents parked in wheelchairs along corridors without any engagement for long stretches.
- Staff who discuss locals in front of them as if they are not there.
- Confused medication practices, like unsecured med carts or hurried passes with regular errors.
- Leadership that can not articulate staffing ratios, training hours, or how they handle intensifying behaviors.

Family involvement and the rhythm of care planning

Families understand histories that do not constantly fit into medical charts. The bio of a former teacher who relaxes when given reading material, or the Army veteran who reacts to structure and clear directions, can alter everyday outcomes. Bring that understanding. Many communities utilize a life story form. Go beyond favorite foods. List topics that trigger stress and anxiety, spiritual choices, music that soothes, and past routines. If early mornings were always sluggish, pushing a 7 a.m. Shower might backfire.

Expect a care plan within 30 days of move-in, then a minimum of quarterly or after any significant modification. These meetings must move from issues to useful steps. If weight is down 5 pounds, who will hint second helpings. If aggression happens during bathing, what time of day and which employee yields better results. After the conference, verify the plan in composing so move changes and brand-new hires do not erase progress.

Communication needs to be two-way. Neighborhoods that share little accomplishments develop trust, and families that share upcoming medical visits or take a trip plans assist the group plan staffing and engagement.

Moving day, guilt, and what a soft landing looks like

The hardest part is sometimes psychological, not logistical. Households frequently bring regret, even when home care is unsafe. It assists to frame the relocation as a continuation of care, not a surrender of it.

Preparation smooths the landing. Bring familiar products that hint identity, like a preferred chair, quilt, or wall photos put at eye level. Avoid clutter that puzzles navigation. Label clothing plainly. If your loved one constantly kept a watch on the left-nightstand, place it there. Routines matter on day one. If coffee at 9 a.m. Was spiritual, tell the team.

Expect a wobble. Many citizens are more baffled or upset for the very first one to two weeks. Excellent groups increase individually time during this window, schedule assuring check-ins, and decrease huge group needs. You can assist by checking out sometimes that line up with calm durations, not during bathing or shift change. If the individual asks to go home, avoid arguing facts. Validate the feeling and reroute to something tangible, like a walk in the yard or an image album.



Respite care as a bridge and a barometer

Short remains serve several purposes. They give caretakers time to recuperate, and they provide information. If your loved one requires more prompting than the building can provide even during respite, it may signify that the environment or staffing level is not sufficient. Alternatively, if sleep improves and roaming alleviates, the structured routine might be working. Usage respite care to observe information, like how the group manages incontinence and whether skin remains undamaged. Request for a quick discharge summary after respite, noting what worked and what did not. You can carry those lessons back home or into a longer placement.

Special circumstances that need sharper questions

Younger-onset dementia typically includes physical vigor and behavioral signs that exceed common memory care shows. Ask about protected outside space for paced walking, staff training in de-escalation, and access to neuropsychiatry support. You may require a neighborhood that accepts greater skill, with more robust staffing and a strong scientific partner.

Couples deal with a tough calculus. Some neighborhoods let a partner live on site in assisted living while the partner lives in memory care, reducing visits and meals together. It can work if both spaces coordinate schedules. If the healthy spouse attempts to become the main caregiver inside the structure, burnout follows. Clarify limits and support.

Cultural positioning matters. Language gain access to, faith practices, and food traditions are not additional. A resident who can talk with an aide in their first language will accept care more quickly. Ask about multilingual personnel, pastor support, and menu flexibility. Tour on a day when cultural programming is running if it is necessary to your family.

A quick story from the trenches

A child I dealt with, Elena, visited 4 communities for her father, Luis, who had mid-stage Alzheimer's. 2 looked beautiful. One had a rooftop garden. Elena selected the least fancy structure. Her reasons were simple. The nurse had actually been there 9 years and welcomed 3 locals by name, then asked one how his grand son's baseball game went. A caretaker revealed Elena how they utilized a basic apron with Velcro closures to protect dignity during mealtime. The yard had a loop path with a bench every twenty feet. The administrator did not flinch when Elena requested state study results and strolled her through a recent medication error and the re-training that followed.

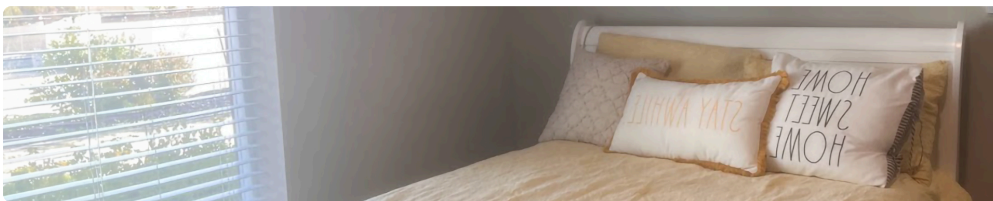
Luis moved in on respite look after two weeks. He slept through the night by day 4 because personnel rerouted his 9 p.m. Pacing with a short walk and cocoa, then an image album of his woodworking tasks. Elena extended to an irreversible stay. A year later, when Luis required hospice, the same team managed his discomfort and kept his favorite Spanish guitar music playing softly in the room. Elena said the location never ever felt like a hotel, which was the point. It seemed like people who knew her father.

Bringing it all together

Quality memory care reveals itself through consistent staffing, thoughtful design, and daily practices that protect dignity. Marketing can not fake the way a caregiver crouches to eye level to talk with a resident, or how quickly somebody responds to a call light. If you construct your assessment around staffing, environment, daily life, and health combination, and you evaluate your impressions with a second visit or a respite stay, you will see the difference between promises and practice.

There is no perfect choice. Compromises are inescapable. A smaller sized building may offer intimacy but less on-site treatments. A bigger school might offer features however feel overstimulating. Your task is to match the place to the person in front of you, not the individual they were ten years ago. Ask plain questions. Look past chandeliers to bathroom grab bars and meal cues. Trust what you observe more than what you are told.

Most families do not regret moving too early. They regret moving too late, after injury or caretaker collapse. If you reach the point where safety, sleep, and health are crumbling, a well-chosen memory care community can bring back balance for everybody included. Respite care can be your stepping stone. And when the time comes to lean on hospice, a strong team will assist you keep the focus where it belongs, on comfort, connection, and the person you love.



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

BeeHive Homes of Collierville has an address of 1368 Wolf River Blvd, Collierville, TN 38017

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>

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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?

You can contact BeeHive Homes of Collierville by phone at: [\(901\) 286-3455](#), visit their website at <https://beehivehomes.com/locations/collierville/> or connect on social media via [Facebook](#) or [Instagram](#)

Take a drive to [Firebirds Wood Fired Grill](#). Firebirds Wood Fired Grill offers a comfortable dining experience ideal for Assisted Living, Memory Care, Senior Care, Elderly Care, and Respite Care outings.