

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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An excellent memory care home is not simply a safer address. It is a therapeutic environment where routines, staff skills, and building style all interact to decrease distress, support remaining capabilities, and offer families back the function of daughter, child, or partner instead of full-time crisis supervisor. Choosing that home needs more than a fast tour and a price sheet. It takes a clear-eyed inventory of needs, a grasp of trade-offs, and a prepare for examining what you can not see at first glance.

I have sat with families at kitchen area tables and in hospital discharge lounges arranging through these options. The pattern repeats: a crisis, a scramble, then months invested loosening up a hasty decision. The steadier path starts earlier, even if a move is months away. What follows is the procedure I utilize, with details you can adjust to your household's situation.

Map the needs before you call a single community

Start with today's realities, not what you hope will enhance. Dementia care is vibrant, and the best fit depends on specific behaviors, medical comorbidities, and the abilities needed across a full day, not simply throughout the simple hours.

Consider how your loved one makes with bathing, dressing, toileting, and eating. Keep in mind where aid is hands-on versus cueing only. Note the habits that increase threat or distress: roaming, exit looking for, agitation at sundown, resistance to care, sleep reversal. Medical conditions matter too. Diabetes with insulin, oxygen

dependence, persistent kidney illness, heart failure, or a history of falls can narrow options because some memory care homes are not certified or staffed to manage complicated medical needs.

Timing shapes quality. If you can, prevent searching from a healthcare facility bed. Transitions stick much better when the individual with dementia is clinically steady, sleeping fairly well, and going into a home where the care team has time to learn their rhythms. If a relocation is forced by a hazardous circumstance, prioritize communities with specialized intake groups who can support habits and collaborate rapidly with the main clinician.

Know the distinctions: assisted living versus a devoted memory care home

Families typically start with assisted living due to the fact that it feels familiar, like a home with assistance. Lots of assisted living neighborhoods also run a secured memory care wing, sometimes called a neighborhood. The fit depends upon your loved one's symptoms, the structure design, and the team's training.

Assisted living works best for those who are socially engaged, still follow hints, and require minimal assistance. Corridors are longer, houses are bigger, and personnel frequently look after locals with a broad range of requirements. On the other hand, a purpose-built memory care home reduces range in between bed room, bathroom, and typical spaces, utilizes visual hints to lower confusion, and allows complimentary movement within a secure boundary. The staff receive additional dementia-specific training and the day-to-day schedule blends structure with flexibility.

Some families fear a protected system implies a loss of freedom. In practice, the right memory care home frequently provides more meaningful autonomy due to the fact that the environment is engineered for it. Your loved one can walk securely, join activities without complex sign-ups, and consume when hungry instead of at a single sitting. The trade-off is apartment or condo size and personal privacy. Rooms are smaller, and doors may be purposefully open throughout the day for observation. If wandering and exit seeking are frequent, a devoted memory care home often supplies a much better safety and quality equation than a basic assisted living setting with intermittent checks.

Get honest about spending plan and how payment really works

Sticker shock is common. Nationally, standalone memory care pricing typically varies from approximately 5,000 to 10,000 dollars per month, sometimes greater in seaside metros. Assisted coping with dementia care add-ons may begin near 4,000 and scale with care requirements. Rates designs vary: some neighborhoods bundle care into tiers, others charge a base rent plus made a list of care points. 2 quotes that look similar can diverge by 1,000 dollars or more when care levels, incontinence supplies, and medication management charges are added.

Medicare does not spend for space and board in a memory care home. It covers time-limited skilled services such as physical treatment, nursing visits, and hospice, which can be provided in the house. Medicaid coverage is state-specific. Lots of states run waiver programs that aid with assisted living and memory care costs, but involvement is capped and waitlists prevail. Veterans and surviving partners may qualify for Aid and Participation advantages. Long-term care insurance coverage can offset a considerable part if the policy covers assisted living or memory care and the benefit triggers are satisfied. Ask straight whether the community accepts Medicaid after a personal pay duration, and if so, the length of time the spend-down expectation is. If they do not, plan for what occurs when funds run low.

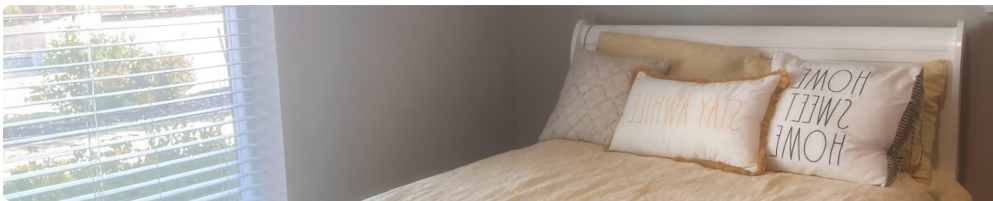
The humane financial plan includes buffers for surprises. Falls, infections, or hospitalizations can momentarily need one-to-one supervision or transportation. Expect incidental costs: incontinence materials, foot care,

haircuts, mobile dentistry, and occasional caretaker hours for medical visits. If the community requires you to employ personal task assistants in certain situations, know the per hour rates and minimum shifts in your market.

Build a shortlist with location, licensure, and track record in mind

Start close enough for regular visits, at least in the first months. A 20 to 40 minute drive can be a sweet area in metro locations. Distance matters not only for convenience however likewise because families who appear regularly tend to capture little concerns early.

Verify licensure and assessment history through your state's health department or licensing firm. States use various labels for memory care home types, but the majority of publish study results and grievance histories online. A tidy record does not ensure excellence, and a deficiency does not ensure poor care. Check out the details. A repeated pattern of medication mistakes or inadequate staffing is worthy of weight.



Talk to professionals who see several communities from the within: medical facility case supervisors, home health nurses, occupational therapists, and geriatric care managers. Ask which positions handle tough behaviors without reflexively sending out locals to the emergency clinic. When they lower their voice a notch and say, that group can hold the line when things get hard, listen.

Prepare for tours that expose how care is in fact delivered

Fancy lobbies can sidetrack from the floorings where life takes place. Tours need to consist of corridors, dining rooms, activity spaces, outdoor locations, and a common resident room. Attempt to visit at different times, such as late afternoon when sundowning can peak.

Use these five concerns as your pre-tour list:

- How many homeowners are in the memory care system, what are typical staff-to-resident ratios by shift, and who is on site overnight?
- What dementia-specific training do all staff receive before working alone, and the number of hours of annual continuing education are required?
- How are behaviors assessed and dealt with, and who chooses when to change a care plan or call a physician?
- How are medications administered and fixed up at move-in, and who covers after-hours medication needs or immediate refills?
- What occurs if a resident falls, attempts to leave, refuses care, or is hospitalized, and what are the limits for discharge or transfer?

Ratios vary by state guidelines and business policy. In numerous well-run memory care homes, you will hear daytime ratios near one caretaker for 6 to 8 citizens, with a nurse on website or on call, and nighttime ratios better to one for ten to twelve. Training depth matters as much as hours. Great programs exceed slide decks to role-playing, shadowing, and coaching on how to approach personal care without setting off resistance.

Watch the micro-interactions. Do personnel talk to locals at eye level, call them by preferred names, and deal choices framed simply? Is the environment loud and disorderly or calm with purposeful activity? Exist residents parked in corridors without engagement? Odors tell stories. Periodic brief odors happen, sticking around sour or urine smells throughout numerous visits suggest staffing or systems issues.

Look for small ecological cues: contrasting toilet seats that enhance exposure, memory boxes outside bed room doors, natural light in typical rooms, secure access to an outside courtyard. Inquire about laundry practices. Mixing all resident clothes together is faster, however tailored laundry lowers loss and appreciates dignity.

Probe medical scope and partnerships

Dementia seldom takes a trip alone. If your loved one has Parkinson's illness, prior strokes, insulin-dependent diabetes, or a feeding tube, validate whether the memory care home can handle those needs under its license. Ask how they coordinate with external providers: mobile x-ray, injury care, podiatry, psychological health, and hospice. When behaviors intensify, do they instantly send locals to the emergency department, or can they stabilize with in-house medical support and medication adjustments bought by a familiar clinician?

Medication management is another pressure point. Mistakes often cluster at move-in when blister packs change, as-needed drugs are reordered, or a caregiver misreads an old pill bottle. A strong memory care team owns the medication reconciliation process, calls the prescribing clinician to clarify, and builds a teaching plan for personnel on any high-risk medications such as anticoagulants, antipsychotics, and insulin.

If your loved one is approaching late-stage dementia, check out hospice now. Hospice can work along with memory care to handle signs, supply devices, and support the family. Ask whether the neighborhood welcomes hospice teams and how they work together on after-hours needs.

Culture fit matters as much as scientific fit

Two memory care homes may offer similar services on paper and feel totally different. Culture appears in the rhythms of a day. Are showers required at 7 a.m. Due to the fact that the schedule states so, or shifted to 2 p.m. Since that is when your dad is unwinded after lunch? Is breakfast plated for everyone at once, or can early risers eat at 6:30 a.m. While late sleepers enjoy a warm meal at 9:30?

Dining is a window into dignity. Customized diets need to be attractive and safe, not beige mush. Personnel who sit for a few minutes and share a bite model the rate and social tone that assists homeowners remain engaged. Look for flexible seating that reduces overstimulation, finger-food alternatives for those who roam, and a prepare for hydration beyond a single cup at mealtimes.

Activities ought to match cognitive phases and personal history. A generic bingo hour is lesser than a music session that take advantage of memory, a brief gardening job that uses long-held abilities, or a simple job like folding towels that offers function. The very best programs deal with locals as people with pasts, not patients with symptoms.

Family interaction is not a newsletter, it is a dependable two-way loop. Ask how and when the team updates households, who you call initially if something feels incorrect, and how care plan meetings are set up. A home that invites unannounced visits and reacts quickly to small concerns is more likely to catch huge issues early.



Spot the warnings and the real green lights

When you decrease whatever you see and hear into a few indications, patterns become clearer. Use these paired examples to adjust your gut.

- Red flag: Personnel can not tell you particular resident regimens or preferences and state, we do showers on Mondays and Thursdays. Green light: Staff rattle off personal information easily and describe how they flex care, we learned Mr. Ortiz chooses a warm washcloth on his neck before shaving, so we begin there and he smiles.
- Red flag: Activity calendars are loaded, but you see few people engaged and numerous asleep in front of a TV. Green light: A calmer schedule with little group or one-to-one activities underway, and staff who gently invite, not pressure.
- Red flag: Repeated alarms at exit doors and an employee yelling, Wait, do not go there. Green light: Less reliance on piercing alarms, with visual barriers, significant destinations inside the unit, and personnel who redirect with connection instead of commands.
- Red flag: Defensive answers to event reports or medication mistakes, framed as, households sign a danger type. Green light: Transparent occurrence evaluations, proactive calls, and clear strategies to lower recurrence.
- Red flag: Agreements with broad discharge clauses about being a threat to self or others, with little specificity. Thumbs-up: Clear, behavior-based criteria for retention or transfer, and a documented process for step-up assistance before any discharge.

Read the agreement like it manages your future, due to the fact that it does

The shiny brochure is marketing. The residency agreement governs reality. Focus on three areas: care level changes, discharge criteria, and rate modifications. Tiered care models frequently include regular reassessment that can trigger charge boosts. Ask who carries out assessments, how frequently, and whether you can get involved. Scrutinize provisions about two-person helps, incontinence, or roaming that may push your loved one into a higher tier.

Discharge language should have unique attention. Numerous agreements allow the neighborhood to ask a resident to leave for safety or nonpayment. What does security indicate in practice? Request examples. Get clarity on notice periods and refunds. If the neighborhood is personal pay only, and your budget depends on a home sale or long-term care insurance repayments, validate timelines and whether late payments sustain penalties.

State regulations describe homeowners' rights, but enforcement differs. If you do not comprehend a provision, ask for plain-language descriptions in writing. A reliable memory care home will welcome your concerns and regard your caution.

Plan the transition as a medical and emotional process

A relocate to a memory care home is as much about trust as it is about logistics. The much better the handoff, the less rocky weeks you will endure.

Line up doctor orders early, including existing medications with doses and indicators. Deal with the community nurse to complete medication reconciliation, ideally with the main clinician on a call. If your loved one uses a [senior living](#) drug store with shipment delays, consider the neighborhood's preferred drug store for the very first month to prevent gaps.

Personalize the room with familiar however not cluttered items. One or two valued photos, a preferred blanket, the exact same reading lamp from home. Keep furniture scaled to the space with clear walking lines. Label clothes and bring additional. Comfy, non-slip shoes matter more than good ones.

Move in day goes best when it is not a surprise yet also not debated constantly. For some, a mild restorative fib smooths the shift, for instance, we are here for a stay while your home is being dealt with. Stay enough time to produce a calm start, then let staff take the lead. Sticking around for hours can increase distress. Plan a brief visit later on that day or the next morning to enhance that you are present and your loved one is safe.

Expect an acclimation period that can extend from days to a couple of weeks. Cravings might dip, sleep may be unpredictable, and behaviors can increase. This does not mean it was the incorrect choice. It means change is hard for a harmed brain. Daily check-ins with the nurse and a set up care huddle at the end of week one can calibrate strategies.

Monitor results, not assures, in the first 90 days

Families who remain engaged after move-in tend to improve results. Track a few basic markers: weight, falls, sleep, number of as-needed medications used, and participation in a minimum of one enjoyable activity each day. If your loved one is on antipsychotics or sedatives, request the specific dosing and the habits targets. Any new psychotropic needs to have a start date, a reassessment plan, and a taper discussion.



Attend the very first care strategy meeting personally if possible. Bring your observations and a short list of top priorities, such as reducing nighttime restlessness or improving hydration. Share specific calming techniques that

worked at home, preferred tunes, pastimes, or faith practices. Gradually, you must see less crises and more stretches of calm. If not, ask what the team will attempt next. Excellent dementia care iterates.

A brief case vignette to illustrate trade-offs

Mrs. Liang, a retired tailor with moderate Alzheimer's illness, coped with her child in a two-story home. She wandered at night, withstood showers, and had badly controlled diabetes. The daughter wanted a small assisted living near her workplace. The structure was charming, the house spacious, and the cost lower than a dedicated memory care home 10 minutes farther away.

On paper, the assisted living might accommodate cueing for health and insulin injections. Throughout the tour, we saw long hallways and no secured yard. Personnel were kind however brought heavy tasks across several floorings. The memory care home felt less grand however had short sightlines, a peaceful rhythm at 4 p.m., and a nurse who described how they used warm washcloths and music throughout bathing. They partnered with a mobile endocrinology service and had a standing procedure for nocturnal roaming that did not count on alarms.

Three months after picking the memory care home, Mrs. Liang's A1C enhanced and night walking reduced. Showers moved to early afternoon after tai chi music. The child visited 3 times a week, sometimes bringing material squares to fold, and she discovered fewer contusions and more smiles. The apartment would have been prettier. The result was better where the environment and personnel skills matched the habits patterns.

Edge cases that need special handling

Young start dementia presents distinct obstacles. Homeowners in their 50s or early 60s have more physical energy, more powerful voices, and different interests. Ask specifically whether the memory care home has experience with more youthful residents and how they adapt activities. A quiet system tailored to late-stage homeowners may frustrate a more youthful person and trigger more behavioral issues.

Wandering with elopement attempts raises the stakes. Look beyond locked doors to the general design. Good memory care homes utilize circular walking paths, destinations like a garden or workbench, and discrete access control that does not promote exits. Ask the number of effective elopements occurred in the past year, how staff responded, and what changed afterward.

Bilingual needs can be the distinction between agitation and calm. If your loved one reverts to a first language, look for staff who can interact in it or imaginative assistances such as multilingual activity leaders and cue cards. Food that matches cultural choices is not a high-end in dementia care, it is a care tool.

Couples often wish to move together, even if just one partner requires memory care. A couple of neighborhoods enable shared rooms in the memory care unit, others coordinate across assisted living and memory care with linked regimens. Weigh the benefits of togetherness against the healthy partner's requirement for rest and social outlets. It is appropriate, and frequently smart, to prioritize the security and well-being of both instead of requiring a single solution.

Pets can relieve or tension. Some memory care homes welcome small animals owned by the resident if household deals with veterinary care and grooming. More frequently, neighborhoods use treatment animals on scheduled visits. If a lifelong pet is central to identity, ask early about policies and whether an imaginative happy medium exists.

When the household disagrees

Disagreement is normal. Brother or sisters who live out of state sometimes push for more home care, while the primary caretaker sees mounting fatigue and risks. Bring in an unbiased voice. A geriatric care manager or social employee can evaluate care needs and home security, then present alternatives with pros and cons. Frame the decision around the person's benefits and quantifiable outcomes, not regret or promises made years ago when circumstances were different.

If your loved one can still express choices, include them in ways that do not overwhelm. Options like space decor or meal choices provide company without positioning the burden of the proceed their shoulders. Keep discussions easy and compassionate.

The quiet tests that matter most

A memory care home earns trust by how it handles the unplanned. Ask each location to tell you about a difficult week. Listen for specifics, not platitudes. Pay attention to how they talk about citizens and families when they think you are not listening. If a caregiver stops to change a sweater on somebody who is cold, if a housekeeper greets residents by name, if a nurse admits an error and details a repair, you are seeing the culture that will carry your loved one through the hard days.

Selecting a memory care home is not about finding perfection. It has to do with choosing a group and an environment that can satisfy your loved one where they are, adapt as needs alter, and deal with everybody included with regard. Start with requirements, validate the scope, test the culture, and protect the fundamentals in composing. Then provide the new regular time to settle. When the fit is right, you will notice less emergencies, more regular minutes, and a steadier variation of family life returning.

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>
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?

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](#)

Conveniently located near Beehive Homes of Collierville [Malco Collierville Towne Cinema Grill & MXT](#) a great movie theater with full food & drink menu. Catch a movie and enjoy some great food while you wait.