

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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Families rarely begin searching for elderly care on a calm afternoon with lots of time. More frequently, it starts after a late night call, a fall, a medical facility discharge, or the sluggish realization that a spouse or adult child simply can not keep up with growing care requirements. In those moments, the senior care landscape can seem like a maze of lingo and glossy brochures.

One of the most essential distinctions, and one that often gets ignored, is the difference in between large institutional facilities and small assisted living neighborhoods. The size of a setting shapes almost every element of daily life for an older grownup, from how quickly staff notice a modification in hunger, to whether somebody sits alone at breakfast, to how with confidence you sleep at night understanding your parent is safe.

Over the last 15 years dealing with families and care teams, I have seen once again and once again how small, relationship-based neighborhoods can change elderly care. They are not an ideal suitable for everyone, but they often deliver a level of personalization that larger environments struggle to match.

This post looks carefully at why size matters in assisted living, how small neighborhoods function when they are succeeded, and what practical signs families can expect when examining options, consisting of respite care stays.

What "small" assisted living really suggests in practice

The phrase "small assisted living" covers a series of models. At one end are residential care homes, often called board-and-care homes or adult household homes, which frequently serve 4 to 12 residents in a single house. At

the other end are boutique assisted living communities with 20 to 40 citizens, designed purposefully to stay well below the hundred-plus locals discovered in many senior living campuses.

Regardless of licensing classification, small communities share a couple of common functions:

They run on a human scale. Staff can generally call every resident without looking at a chart. When the nurse walks into the living-room, she acknowledges who prefers herbal tea, who avoids dairy, and who has problem with sundowning in the late afternoon.

They blur the line in between "center" and "home." Locals typically share typical spaces such as a family-style dining room, a small garden, and a living-room with real furnishings, not rows of similar chairs. The environment aims to support both self-respect and comfort.

They run leaner hierarchies. Instead of layers of supervisors, small homes often have a supervisor or owner who exists and hands-on. Choices about care modifications, activities, or menu changes can be made rapidly, with far less bureaucracy.

They rely greatly on culture and relationships. A small community can not conceal bad care behind a big activities calendar or an elegant lobby. Households see the exact same faces on each visit, and it ends up being really clear whether there is warmth, patience, and constant follow-through.



This scale moves the focus of assisted living away from logistics and toward the real lived experience of elderly care.

Why customization matters so much in elderly care

Personalized care is not a high-end add-on in senior care. It is central to health, security, and quality of life, specifically when someone copes with multiple persistent conditions, mild cognitive impairment, or early dementia.

Older adults rarely fit neatly into lists. One resident might have heart disease and diabetes however still be a passionate gardener who wakes up early. Another might be physically robust however anxious, with a history of depression and a strong preference for privacy. A third may have limited English, high fall danger, and strong cultural or spiritual routines that define the rhythm of the day.

Standardized "care strategies" can look good on paper yet fail in real life if they are not constantly changed in response to the resident's daily patterns. This is where smaller assisted living environments tend to excel:

Staff notice subtle modifications. When caretakers see the exact same 8 to 20 residents every day, they recognize what is common for each individual. A partial breakfast, a missed out on joke, or a shorter-than-usual walk may trigger a quiet check-in that prevents a bigger problem.

The environment adapts to the individual, not the other way around. For instance, I when worked with a small community where one resident, a retired baker, tended to wander during the night. Rather of simply medicating or restricting him, staff developed a safe, low-stimulation "late night kitchen area" routine where he might knead dough with supervision and after that settle more easily. It fit his lifelong regular and drastically reduced agitation.

Preferences carry weight. Whether someone consumes with adaptive utensils, showers at a specific time, or takes part in spiritual rituals, those preferences become a normal part of the day, not "unique demands."

All of this is possible in bigger senior living neighborhoods in theory. In practice, it requires an unusually cohesive culture and strong staffing levels. In smaller settings, customization is the default, not the exception.

The emotional safety of being known

When older grownups move into assisted living, they lose a lot at once: home, next-door neighbors, routines, even manage over small things like what brand name of coffee they drink. A small neighborhood can not remove that loss, but it can soften the emotional impact.

Residents tend to form deeper relationships quicker in smaller groups. It is easier to bear in mind names when there are fifteen rather than eighty. Mealtimes feel like a household event rather than a cafeteria. For people who tire quickly or feel overwhelmed by noise, this quieter scale can be the distinction between taking part and pulling away to their room.



From the household's viewpoint, emotional security appears in a various way. You wish to know:

Who will be with my mother when she is confused or scared at 3 a.m.?

Who notifications if my father lingers too long in the bathroom or appears except breath?

Who picks up on the early signs of a urinary tract infection before it causes a hospitalization?

In a well-run small assisted living community, the answers are not abstract job titles. They are specific individuals, with faces and histories: "That will usually be Maria or Thomas during the night. They know exactly how to soothe her when she gets up not sure where she is." That individual continuity constructs trust that no written policy can match.

Small assisted living vs bigger centers: essential trade-offs

Small settings are not immediately much better. There are genuine advantages and restrictions to both small and big designs, and it helps to weigh them honestly.

Here is a simple comparison to ground your thinking.

1. Atmosphere and social environment

Big centers can use more varied activities and peer groups. Someone who thrives on range, delights in big group occasions, or wants on-site praise services and fitness classes may appreciate a bigger campus. On the other hand, a small assisted living neighborhood usually provides more intimate gatherings, simpler everyday rhythms, and more spontaneous interaction, such as talking over folding laundry or assisting water plants.

2. Staffing patterns

Bigger senior care organizations may use a broader variety of experts on-site: full-time nurses, therapists, activity directors, dietitians. Smaller homes typically count on a smaller core group and outside service providers, like checking out nurses or home health agencies. That said, caregiver-to-resident ratios can be stronger in small homes, particularly at nights and weekends, because there are less layers of tasks and residents in each unit.

3. Flexibility and responsiveness

In a large building, altering dining options or changing the daily schedule for someone can be tough. Systems are constructed for effectiveness. Small communities are frequently more nimble. If a resident's daughter requests a weekly video call at a particular time, it is simpler for a small group to incorporate that as a routine.

4. Cost and value

Rates vary widely by region, however small residential care homes are often equivalent in price to mid-range assisted living facilities, sometimes slightly lower, sometimes higher if they supply extremely high touch care. Large campuses may use tiers of pricing and the marketing appeal of resort-style facilities. The key concern is not just "What does it cost per month?" but "Exactly what takes place throughout those hours, and how does that align with my parent's top priorities and needs?"

5. Progression of care needs

Large senior living schools typically promote "aging in location," with assisted living, memory care, and in some cases knowledgeable nursing in one place. Some small homes likewise supply memory care or extremely high levels of help, however not all. Households ought to ask directly how the neighborhood deals with getting worse mobility, late-stage dementia, or end-of-life care. A thoughtful small home will be in advance about its limits and how it supports shifts, including hospice.

The best choice depends on the individual's personality, medical complexity, social requirements, and family circumstance. A highly social extrovert with steady health may thrive in a larger setting, while someone with stress and anxiety and early dementia may feel lost in the same environment yet settle magnificently into a small assisted living community.

How small communities enhance medical safety

One typical issue households voice about small settings is whether their loved one will be medically safe. They envision a big center with a nurse's station and compare it to a cozy home with no apparent medical

infrastructure.

Regulations vary by state and country, however reputable small assisted living homes operate with clear care procedures, medication management, and access to health professionals. In most cases, the level of day-to-day [respite care](#) oversight is more powerful just due to the fact that fewer homeowners slip in between the cracks.

A couple of useful aspects stand out.

Medication management

With a minimal variety of locals, medication rounds can be more focused. Staff have time to verify whether the resident actually swallowed pills, to keep track of for adverse effects, or to question a brand-new prescription that does not appear to fit the individual's history. Households are often looped in quickly when something looks off, which can make discussions with doctors more effective.

Monitoring for changes

Small shifts in condition are typically noticed more quickly. A caretaker who aids with dressing every morning might notice a new tremor, a pressure aching beginning, or confusion that was not there recently. Since the chain of interaction is much shorter, those observations are more likely to equate into action.

Fall prevention

No environment eliminates falls, but small homes often have a better view of homeowners' real movement and threat patterns. Personnel understand who tends to get up during the night without calling, which route they usually require to the bathroom, and how constant they search any provided day. They can adjust guidance or suggest a physical therapy consult promptly.

Coordination with household and providers

Instead of passing messages through multiple layers of staff, families typically speak directly to the supervisor or owner when issues occur. A fast call to a medical care supplier to clarify an order, or to arrange a home health assessment, is more likely to occur when the leader is hands-on and understands the resident personally.

None of this gets rid of the requirement for families to remain engaged. However in my experience, when a small assisted living neighborhood is well managed, households end up being real partners in care rather than peripheral observers.

The function of respite care in finding the best fit

Respite care is short-term senior care that gives household caregivers a break and supplies a trial run in a helpful environment. It can last from a couple of days to several weeks or more, depending on local policies and the neighborhood's policies.

Small assisted living communities can be ideal settings for respite stays, particularly in these scenarios:

A partner is tired from full-time caregiving and needs time to recover physically or emotionally.

An adult kid need to take a trip for work or a household occasion and can not safely leave the older parent alone.

The family is considering a transfer to assisted living however wishes to see how the parent adjusts before making a long-lasting commitment.

The resident is transitioning from hospital or rehab and requires more support than home alone however does not need a knowledgeable nursing facility.

During respite care in a small home, staff can discover the person's patterns and preferences quickly. The environment is normally easier to navigate, which decreases the stress of a new setting. Households acquire a realistic understanding of how their loved one functions with routine support, rather than thinking based on a hurried health center discharge plan.

I have actually seen circumstances where a two-week respite stay revealed that an older grownup was far more puzzled in the evening than family understood, or that they loved set up medication and meals, gaining weight and stability. In other cases, the senior returned home with services like at home assistants and fall-prevention adjustments, delaying the need for full-time assisted living. The trial helped everyone make choices based upon evidence rather than fear.

What to try to find when checking out a small assisted living community

Brochures and websites seldom tell the complete story. The quality of elderly care in a small setting shows up in everyday routines and interactions, not marketing language. When you visit, trust both your eyes and your instincts.

Here is one focused checklist you can bring with you, as your very first enabled list:

1. Watch the body language

Notification how personnel connect with citizens. Do they make eye contact, crouch to the resident's level, resolve them by name, and listen? Or do they talk over citizens, rush, or appear distracted?

2. Smell and sound

A faint odor of cooking or cleansing is normal. Strong smells of urine or heavy air freshener recommend chronic problems. Listen for constant alarms, screaming, or shrieking televisions. A small home should feel quietly hectic, not chaotic.

3. Staffing presence

Count the number of staff you see, and ask how many are on task for the current variety of residents, both daytime and overnight. In a group of 8 to 12 homeowners, seeing a minimum of 2 caretakers on responsibility most of the day is a good starting point, though local regulations vary.

4. Resident engagement

Try to find signs that homeowners are doing something meaningful, not simply sitting in front of a television. Engagement can be easy, like folding towels, talking at the kitchen area table, or listening to music. The question is whether people appear awake to their own day, not sedated by boredom.

5. Leadership accessibility

Ask who is accountable for daily operations and how frequently they are on-site. If you can not fulfill the supervisor or owner within a sensible time, or they seem uninterested in your questions, take that seriously.

One visit hardly ever offers the complete photo. If possible, visit at different times of day, including evenings or weekends, and inquire about attempting a brief respite care stay before dedicating long term.

Respecting uniqueness in the details

The strength of a small assisted living community frequently appears in the tiniest details. These information seem insignificant on a tour, but they shape how a person feels about life from the minute they wake up.

Wake and sleep times

In a task-driven environment, homeowners are typically woken and dressed in batches, depending on staff regimens. In a more individualized home, personnel will adjust within reason. Some homeowners increase at 6 a.m. And desire coffee right away. Others oversleep and prefer a quiet morning. Keeping those natural rhythms helps maintain orientation and mood.

Food as relationship

Meals are more than nutrition. They anchor the day and, for lots of older adults, connect them to culture, memory, and satisfaction. In a small senior care setting, kitchen area personnel (often the exact same people as caregivers) can find out individual tastes, textures, and religious constraints. Serving familiar dishes, even as soon as a week, can raise a resident's spirits even more than any official activity.

Cultural and spiritual practices

In large facilities, programs may reflect a "lowest common denominator" approach. Small communities that buy understanding each resident's background can weave simple yet powerful practices into life: stating a specific prayer before dinner, marking particular holidays, scheduling visits from clergy or neighborhood volunteers. This sort of respect is not symbolic, it goes to the heart of an individual's identity.

End-of-life care

Lots of families do not wish to consider this when admission is very first gone over, yet it matters profoundly. In a small assisted living home that works together closely with hospice, the last months can be calmer, more individual, and frequently more dignified. Staff who have actually understood the resident for years can support both the dying person and the household with a kind of presence that is difficult to standardize.



When a small community is not the best choice

As much as I advocate for small, relationship-based care, it is very important to recognize cases where a larger or more medical setting might be much safer or more appropriate.

Highly intricate medical care

If somebody needs regular IV medications, ventilator support, or constant cardiac tracking, that generally exceeds the scope of assisted living, small or large. A skilled nursing center or specialized system might be required, at least for a period.

Severe behavioral challenges

Individuals with innovative dementia who exhibit aggressive, unforeseeable, or sexually disinhibited behavior may put others at risk in a small home. Specialized memory care systems with higher staffing levels and secure environments may be better geared up, though quality varies widely.

Significant rehab needs

After a major stroke, surgery, or fracture, a period of extensive rehab with on-site therapists might be best, especially if the objective is to restore as much function as possible before transitioning to assisted living.

Strong choice for extensive amenities

Some older grownups really want the features of a bigger campus: multiple dining places, swimming pools, concierge services, on-site shows. If those features really improve their daily life and they can navigate the environment safely, a larger setting may align much better with their preferences.

The key is to match the environment to the person, not the other way around. That requires truthful conversation, not marketing promises.

Partnering with a small community for shared care

Families often fear that once a parent moves into assisted living, they will be sidelined. The healthiest small neighborhoods see things in a different way. They see household relationships as a possession, not an inconvenience.

This collaboration can take many forms:

Regular interaction about modifications, both medical and emotional.

Involvement in care planning, consisting of adjustments in regimens or preferences.

Shared problem resolving when issues emerge, such as sleep disruptions, resistance to bathing, or conflict with another resident.

Openness to household routines, such as bringing favorite foods, commemorating cultural holidays, or signing up with for meals.

To cultivate this partnership, it helps to set expectations early. During preliminary conferences, ask the manager how they choose to communicate, how often they upgrade households, and how they deal with arguments. The way they react informs you a great deal about the culture you are stepping into.

Final thoughts: choice, dignity, and scale

Elderly care is an intimate, often mentally charged area. No single model of assisted living fits everyone. Yet size and scale shape nearly every element of life in senior care, from how rapidly a new cough is seen to whether a resident feels like a person or a space number.

Small assisted living neighborhoods, when run thoughtfully and fairly, can deliver a level of customization that is tough to match in larger settings. They offer a human-scale option, where being understood and seen belongs to

daily life, not an occasional highlight.

For families at the crossroads of choice, it helps to go back from marketing pledges and ask 3 practical questions:

Is this a location where my parent will be recognized as a private, not managed as a task?

Can I picture genuine individuals, not task titles, sitting with them on a tough day or an agitated night?

Do I feel that the scale of this community makes attention, responsiveness, and compassion most likely, not less?

If your answers lean toward yes in a small setting, it is worth exploring that course, maybe starting with respite care. Personalized elderly care is not a motto. In the right small assisted living community, it is the material of daily life.

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](tel:4322170123), 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.