

Business Name: BeeHive Homes of Levelland

Address: 140 County Rd, Levelland, TX 79336

Phone: (806) 452-5883

BeeHive Homes of Levelland

Beehive Homes of Levelland 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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140 County Rd, Levelland, TX 79336

Business Hours

- Monday thru Sunday: 9:00am to 5:00pm

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Families hardly ever prepare for memory care in a cool, leisurely arc. More frequently, a fall or a wandering episode pushes the issue to the front burner, and you are asked to make a significant, life-shaping choice on brief notification. I have sat at kitchen tables with children and children holding printed sales brochures in one hand and a medical facility discharge summary in the other, trying to weigh trade-offs that do not fit easily in a spreadsheet. The best choice mixes clinical capacity, a safe and comforting environment, and a rhythm of life that matches what your loved one can still enjoy. Where the neighborhood rests on a map, how it is certified, and what day-to-day appear like, all 3 matter more than the shiny photos suggest.

What memory care actually provides

Memory care is not a single item. It is a method to senior care that wraps housing, encouraging services, and dementia care practices into one program. You will see it delivered in various settings. Some are dedicated memory care residences within assisted living communities, separated by secured doors. Others are stand-alone structures that serve only residents with Alzheimer's disease or related dementias. A smaller sized slice exists within nursing homes for individuals with significant medical needs.

What specifies memory care is the mix of safety functions for people at risk of wandering, staff trained in dementia-specific communication and behavior support, and an everyday structure that meets cognitive requirements. Standard assisted living can help with medications and bathing, but memory care expects distress, misperceptions, and change in function throughout a day. Great programs do not combat those realities, they deal with them.



Short-stay alternatives exist too. Respite care uses a furnished room, full services, and activities for a specified period, typically 7 to 1 month. It can provide a caregiver time to recover after surgical treatment, cover a service journey, or test whether a particular neighborhood is a fit before a long-term move. Well-run respite care follows the same dementia care regimens as long-lasting stays, which suggests the trial is a real representation.

The case for choosing on place, not just curb appeal

Location sets the context for everything else. It influences staffing stability, how frequently household can visit, health center relationships, and even how locals sleep.

Think initially about range to the individual's existing social life. Familiar faces matter. If the grandkids can come by after soccer because the community is on their route home, visits happen. The difference in between a 15 minute drive and an hour each way appears in real participation, not objective. A resident who sees household weekly tends to keep much better appetite and engagement, especially throughout the susceptible very first 60 days after a move.

Proximity to health care is more nuanced. A neighborhood within 10 to 15 minutes of a health center with a solid geriatric system frequently benefits from smoother discharges and access to specialty centers. If your loved one has insulin-dependent diabetes, wounds that need routine attention, or a heart device, ask which neighboring suppliers the community really uses and how transportation is organized. I have dealt with a household who picked a community further from home because it sat next to a wound care center. That choice prevented three emergency situation department journeys in one winter.

Do not neglect climate and light. Individuals living with dementia can be sensitive to abrupt seasonal changes and early evening darkness. A safe courtyard with real trees and a strolling loop gets utilized more days of the year in temperate areas, however even in snow nation, a sun parlor or indoor garden can support sleep-wake cycles. If sundowning has actually been extreme, neighborhoods that emphasize daytime light direct exposure and afternoon quiet zones usually see fewer evening outbursts.

Transportation patterns likewise matter. If the neighborhood is near a hectic truck route or a station house, over night sirens can increase stress and anxiety. Visit around 9 pm and listen. On the other hand, a website tucked behind a church or library tends to feel calmer and has built-in places for intergenerational programs and faith services.

Understanding licensing, without the alphabet soup headache

Licensing informs you who supervises the community and what minimum requirements use. Memory care inside assisted living is controlled by states, not the federal government. Nursing homes are managed under federal

Centers for Medicare and Medicaid Solutions guidelines, with state enforcement. The titles differ. What you require to extract is whether the license allows dementia care, and what training, staffing, and security requirements that implies.

In California, for example, assisted living is called Residential Care Facilities for the Elderly. A neighborhood that markets dementia care must maintain a written strategy, ensure protected perimeters or comparable safety measures, and supply dementia-specific training beyond the base requirement. In Texas, particular assisted living facilities hold a Type B license, and those offering Alzheimer's certification reveal additional personnel training and ecological safeguards. Florida layers optional licenses like Extended Congregate Care or Limited Nursing Providers on top of standard assisted living, signaling whether higher medical requirements can be satisfied. New York recognizes Assisted Living Homes and an Unique Needs Assisted Living Residence designation for dementia care systems, with guidelines about egress security and programming.



Numbers differ, however a typical pattern is an initial 8 to 12 hours of dementia training for frontline personnel, plus annual refreshers. Some states require a nurse on website for a set number of hours per week, others rely on specialists. Fire codes normally require full structure sprinklers, delayed-egress doors, and personnel drills.

Here is the practical relocation. Ask the administrator to explain their license classification in plain language and to produce the most recent survey report. Read it. Not every deficiency is damning. A missing signature on a fridge temperature level log is different from a pattern of medication errors. In one file I evaluated, the state cited

the community for stopping working to upgrade care plans after falls. That informed us the analytical process was weak, and the household chose a different provider.

Staffing, abilities, and connection after 3 am

Hallways look the very same at lunch as they do on a tour. They do not at 3 am. Nurses and assistants make or break memory care since signs do not keep banker's hours.

Look for 24-hour awake personnel, not sleep-over protection. Many memory care programs post ratios like one assistant for each six to eight residents throughout the day, and one for every 8 to ten overnight, in some cases with a medication professional on top. Ratios by themselves do not guarantee quality. What matters is the pairing of those numbers with an unit's physical design and the acuity of homeowners. A compact 20-bed system with sightlines and stable citizens might run safely with leaner staffing than a split-level 30-bed unit with regular elopement attempts.

Ask about nurse coverage. Some neighborhoods have a licensed nurse on website twelve hours a day and on call overnight. Others have a nurse just throughout the business week. If your loved one has complex meds, oxygen, catheters, or frequent UTIs, you desire daily nurse presence and strong pharmacy assistance. Great groups have escalation protocols, for instance, calling the on-call nurse to evaluate new agitation for discomfort or infection before shipping somebody to the hospital.

Staff durability tells another fact. If the life enrichment director has existed 7 years and the lead aide on nights knows the residents by given name and favorite treat, little crises dissolve before they end up being huge ones. I still remember Marian, a night assistant who kept a set of soft scarves in her pocket. A resident who attempted to go "home" every night relaxed when Marian looped a headscarf carefully over her hands and strolled with her, speaking about the resident's old patio swing. That is not in a policy book. It remains in the people you employ and keep.

Safety by style, not by restraint

Safety in memory care should feel unnoticeable however present. Door alarms that chirp discretely, not sirens that shock everyone. Delayed egress systems with keypads, plus wander management systems that combine to discreet wrist tags if a resident is at high danger. Floor covering modifications that indicate space entries without developing visual cliffs. Secured yards that welcome strolling in circles, a natural human behavior when nervous. Get bars and great [elderly care](#) lighting are a given. Search for restroom designs large enough for two people to help, since bathing is where lots of citizens resist help.

Chemical restraint is not security. Before anyone reaches for antipsychotics, the team must ask what need the behavior is communicating. Is the person cold, hungry, in pain, overstimulated, or tired. Nonpharmacologic approaches precede, then careful medication usage if threats exceed benefits. A service provider who can explain their approach in plain words is a better bet than one who just points to a physician's order.

What life must actually feel like

Lifestyle is the underestimated third leg of this stool. A resident's day ought to begin with something that grounds them in personhood. It may be folding towels side by side with a team member, watering plants, or listening to a favorite big band record. Programs rooted in Montessori for dementia methods, which break jobs into easy steps and offer purposeful roles, typically unlock abilities others assume are gone.

Activity calendars can mislead. Fancy printing does not guarantee presence or fit. Stand in the room during an activity. Are 5 to 10 residents engaged, or are 2 individuals engaged while others sleep in wheelchairs versus the wall. Enjoy a meal. Finger foods like soft chicken strips or veggie sticks help those who can not handle utensils. Staff ought to offer hand-under-hand support for those who need it, placing their hand under the resident's forearm and relocating sync, which protects dignity and often enhances intake.

Noise levels matter. Some residents yearn for a dynamic environment, others unwind in it. A community that can flex - checking out circle in a quiet corner, chair yoga before lunch to manage restlessness, music with a predictable beat instead of the television blasting - will keep more people material. Search for spaces beyond the dining-room where small groups can gather. A multisensory space with controllable light and scent can be magic during late afternoon agitation. You do not require a trademark name to do this well. You require objective and a personnel who understands who chooses lavender and who hates it.

Spiritual life can be as easy as a weekly hymn sing or a peaceful time with a volunteer from the resident's faith custom. Cultural fit shows up on plates and calendars. If somebody kept kosher or avoided pork out of routine more than doctrine, that need to be appreciated. If Spanish is the first language, exist multilingual staff on every shift, not simply when a week.

Costs and agreements without regret

Memory care costs have a variety, but you can anticipate a regular monthly base lease in between roughly 4,500 and 9,000 dollars in numerous city areas, with greater tiers in seaside cities and lower in villages. The majority of communities use a tiered level-of-care design. Level one covers light assistance, level three or four covers more hands-on help, and charges step up as needs increase. Medication management is often a different charge per med or per pass. Incontinence products might be pass-through expenses. Transportation to regular appointments may be included once a week, with private trips billed extra.

Watch for neighborhood costs at move-in, commonly equivalent to half to one month's lease. Ask whether respite care days can be credited toward the cost if you later transform to an irreversible positioning. Clarify whether rates are locked for a period or topic to annual boosts, and by how much. Excellent contracts spell this out in plain English.

Read discharge requirements. Neighborhoods must explain when they can no longer securely serve someone. Bed or chair-bound status, total dependence for transfers without ceiling lifts, or two-person assists may set off a transfer to a nursing home level of care in some states. Other communities hold Extended Congregate Care or comparable recommendations and can continue with hospice partners. Knowing the line ahead of time avoids surprise relocations at 2 am.

How to assess quality during a tour

Brochures do not sweat. Individuals do. The best sense of quality comes from seeing normal days and regular problems dealt with well. Stop by unannounced if permitted, preferably at different times. Morning shows how individual care is provided. Late afternoons expose how they manage the witching hour. Meal times uncover hints about regard and patience.

Use brief, targeted concerns and after that view the flooring, not the sales representative's face. After a few hundred trips, I keep coming back to a small set.

- When a resident declines a bath for three days, what is your method and who gets involved next.
- How lots of homeowners have vacated in the past 6 months since you could not meet their needs.

- On a normal night, the number of staff are on the memory care unit and who is the medical decision-maker if something changes.
- What is your procedure for care strategy updates after a fall or hospitalization, and how do families participate.
- If my parent needs hospice, which firms do you partner with and how do you coordinate.

Expect clear answers. If a supervisor dismisses the bath question with "We never ever have that problem," they might not be seeing what occurs behind the closed door. An honest reply might seem like this. "We try a different employee, switch the time of day, provide a warm towel, or recommend a sponge bath. If it continues, our nurse and household talk and we adjust the care plan."

The role of respite care and trial stays

Families frequently are reluctant to use respite care due to the fact that it feels like admitting defeat. Frame it in a different way. Respite is a danger reducer. It can expose whether the environment silences or irritates certain behaviors. It provides the community a possibility to learn who your loved one is beyond a diagnosis. Two weeks is usually the minimum that produces a fair read, since the very first three days are odd for almost everyone.

During a respite stay, ask the group to check real-world circumstances. Try a shower on the day and time your parent typically endures. Observe at dinner and breakfast. If your loved one wanders, see how personnel redirect. Good neighborhoods write these observations down and hand you a copy at the end, which makes next steps more confident.

Legal preparedness that prevents preventable stress

Moving into memory care brings documentation. Tackle it early. Durable power of lawyer and health care proxy documents ought to be current and accessible. If your state uses a Doctor Orders for Life-Sustaining Treatment kind, complete it with the medical care provider and the future community nurse before the relocation. Bring a list of current medications with dosages and times. If your loved one uses hearing aids or glasses, label them and bring additional batteries or a backup pair.

Move-in evaluations are required in many states, with a re-evaluation within one month. Be honest in those meetings. Families often underreport needs out of pride or worry of greater charges. That backfires. If a resident enters upon the incorrect level of care, both the group and the resident battle. Better to place correctly on the first day and change down if feasible.

When home is still possible, and when it is not

Not every person with dementia requires memory care today. Adult day programs, at home aides with dementia training, and respite care sprayed in can keep somebody stable in your home for months or years. The tipping points I see are night security, medication management, and social seclusion. If a person is up and out the door at 3 am, or can not safely take essential medications, the dangers in your home escalate rapidly. Two hospitalizations in a quarter for falls or infections usually forecast a rough stretch ahead.

There are also favorable reasons to move earlier. Some homeowners thrive with foreseeable peer contact and structured days. The misconception that everybody declines much faster in memory care does not hold throughout the board. I have actually seen citizens eat much better, sleep better, and laugh more when the right group surrounds them.

Red flags that should slow you down

Certain check in a tour must prompt more questions. If a neighborhood guarantees they can handle "any habits" without any information about how, beware. If you never ever see a registered nurse in the course of 2 visits, ask about medical oversight. If the memory care system smells regularly of urine, that is normally a staffing or training problem, not simply a momentary bad day. If personnel speak about locals within earshot as if they are not there, keep looking. Your loved one's dignity depends on those micro-moments.

On the other side, small good indications build up. A shadow box outside each room with keepsakes that matter. The cook stepping out to ask a resident if they want more peaches. A white boards on the wall noting that Mr. H likes coffee black and Thelonious Monk on vinyl. These are not gimmicks, they are proof that the team pays attention.

A simple shortlist to keep focus when options feel overwhelming

- Can family reasonably visit typically adequate to matter, provided distance and traffic.
- Does the license cover dementia care with specific training and security requirements, and do study reports align with what you are told.
- Are there awake personnel over night with clear clinical backup, and can they fulfill known medical needs.
- Does every day life feel calm, purposeful, and customized to your loved one's preferences, not simply a calendar full of events.
- Are expenses transparent, consisting of levels of care, most likely yearly boosts, and requirements for when a greater level or a move is required.

Print that and keep it in the folder. It anchors discussions when glossy features try to distract.

Preparing for moving day and the very first month

Success trips on the very first thirty days. Load the familiar, not simply the useful. A preferred quilt, framed photos, a well-worn cardigan, the very same brand name of soap from home. Label everything. Coordinate move-in early in the day so there is time to settle in the past dinner. If your loved one does much better with less people, limit the welcome committee. If they crave reassurance, phase visits across the very first week so somebody they understand exists every afternoon.

Share a one-page life story with staff. Include nicknames, past work, routines, what calms, and what agitates. Keep in mind allergies and what a typical bad day appears like. I when worked with a household who composed, "If Dad requests his automobile secrets, offer his baseball cap and recommend a walk to the garage. He will speak about the old Chevy and forget the errand." That line saved numerous tense moments.

Stay present however provide the group space to build relationship. Daily check-ins can be short and warm. Expect some unclear behavior in the very first ten days. If it continues or escalates, request a care plan meeting and feature specifics, not simply "She is not herself." Explain times of day, activates you have actually observed, and what utilized to operate at home.

The long view

Choosing a memory care home is rarely about finding the fanciest structure or the most inexpensive rate. It has to do with weaving together place that supports connection, licensing that signals genuine capability, and an everyday lifestyle that maintains the individual you like. The decision is technical and human at the same time.

When those threads line up, small dignities return. Meals are shared without rush. Nights are quieter. A resident hums to a tune they danced to in 1964. Families breathe again, not since dementia became easy, however because the environment began doing some of the work.

If you take absolutely nothing else from this, take the confidence to ask really specific questions, visit at off hours, and discover the fabric of life. Memory care succeeded is not a mishap. It is a set of options about place, standards, and how people spend their hours. Your option can set the stage for the best possible version of the next chapter.

BeeHive Homes of Levelland provides assisted living care

BeeHive Homes of Levelland provides memory care services

BeeHive Homes of Levelland provides respite care services

BeeHive Homes of Levelland supports assistance with bathing and grooming

BeeHive Homes of Levelland offers private bedrooms with private bathrooms

BeeHive Homes of Levelland provides medication monitoring and documentation

BeeHive Homes of Levelland serves dietitian-approved meals

BeeHive Homes of Levelland provides housekeeping services

BeeHive Homes of Levelland provides laundry services

BeeHive Homes of Levelland offers community dining and social engagement activities

BeeHive Homes of Levelland features life enrichment activities

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

BeeHive Homes of Levelland promotes frequent physical and mental exercise opportunities

BeeHive Homes of Levelland provides a home-like residential environment

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

BeeHive Homes of Levelland assesses individual resident care needs

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

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

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

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

BeeHive Homes of Levelland has a phone number of (806) 452-5883

BeeHive Homes of Levelland has an address of 140 County Rd, Levelland, TX 79336

BeeHive Homes of Levelland has a website <https://beehivehomes.com/locations/levelland/>

BeeHive Homes of Levelland has Google Maps listing <https://maps.app.goo.gl/G3GxEhBqW7U84tqe6>

BeeHive Homes of Levelland Assisted Living has Facebook page <https://www.facebook.com/beehivelevelland>

BeeHive Homes of Levelland Assisted Living has YouTube page

<https://www.youtube.com/@WelcomeHomeBeeHiveHomes>

BeeHive Homes of Levelland won Top Assisted Living Homes 2025

BeeHive Homes of Levelland earned Best Customer Service Award 2024

BeeHive Homes of Levelland placed 1st for Senior Living Communities 2025

People Also Ask about BeeHive Homes of Levelland

What is BeeHive Homes of Levelland 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 Levelland located?

BeeHive Homes of Levelland is conveniently located at 140 County Rd, Levelland, TX 79336. You can easily find directions on [Google Maps](#) or call at [\(806\) 452-5883](tel:8064525883) Monday through Sunday 9:00am to 5:00pm

How can I contact BeeHive Homes of Levelland?

You can contact BeeHive Homes of Levelland by phone at: [\(806\) 452-5883](tel:8064525883), visit their website at <https://beehivehomes.com/locations/levelland/>, or connect on social media via [Facebook](#) or [YouTube](#)

You might take a short drive to the [Levelland City Park](#). Levelland City Park provides shaded areas and benches that enhance assisted living, senior care, elderly care, and respite care outdoor activities.