

Business Name: BeeHive Homes of Great Falls

Address: 2320 15th Ave S, Great Falls, MT 59405

Phone: (406) 205-4516

BeeHive Homes of Great Falls

At BeeHive Homes of Great Falls in Great Falls, MT, we offer assisted living, respite care, and memory care for people with dementia. Our residents enjoy living in a cozy place with knowledgeable and caring staff. We aim to meet each person's changing care needs and keep residents as independent as possible. We also plan events and senior living activities based on their interests and skills. Contact us immediately to learn more about how we can help your senior today!

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2320 15th Ave S, Great Falls, MT 59405

Business Hours

- Monday thru Sunday: Open 24 hours

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Choosing where a loved one will live is not an abstract workout. The decision follows sleepless nights, cooking area table disputes, and a stack of shiny brochures that all guarantee warmth and dignity. A tour can cut through the sales language. You see genuine faces, hear dining room clatter, and see whether staff know citizens by name. The right concerns during that tour bring the reality into focus.



Families often tour 2 types of settings. Assisted living deals assist with everyday tasks like bathing, dressing, and medication reminders, while still promoting independence. A memory care home is built for individuals with Alzheimer's disease or other dementias, with safe layouts, personnel training in dementia care, and programs that

lower stress and anxiety and maintain capabilities. The overlap can be complicated. One building may market both, but the goals and guardrails vary. Your questions should, too.



Why the tour matters more than the brochure

Care communities are living organisms. Documents inform you the care levels and features. A tour shows you culture. I still keep in mind a visit with a child whose mother had started roaming during the night. The sales office described "mild redirection." On the tour, a nurse mentioned they had changed 3 doorknobs after locals tried to force them open. Neither detail invalidated the other, however together they painted a more sincere picture.

Tours likewise let you check consistency. What you speak with the sales director ought to match personnel on the flooring. If you ask the dining server how snacks are handled and get a clear response that matches what the nurse stated, that is an excellent indication. If three individuals offer three different answers, keep asking.

Know what kind of assistance your loved one needs

Before you stroll in the door, write down 2 lists, one of what your loved one can do unassisted, another of what regularly needs assistance. For memory care, add cognitive details. Does your dad misplace items, or is he getting lost outside? Has your partner had deceptions or sun-downing? Exists a current healthcare facility stay, weight-loss, or falls? The sharper your image, the more precise your questions.

Assisted living and a memory care home can both feel warm and social, but the scaffolding underneath is various. Assisted living normally anticipates citizens to follow hints, remember some actions, and react to triggers. A memory care program constructs the environment around the disease. Corridors are looped to prevent dead ends, cooking areas can be secured, and sound and light are tuned to reduce overstimulation. Knowing where you rest on that spectrum will shape what you ask.

The difference between memory care and assisted living in practice

Regulations differ by state, but some broad differences hold true.

- Staffing and training expectations in memory care are higher. You will typically see additional hours of caregiver time per resident and required dementia-specific education.

- Safety procedures are more robust in memory care. Think about secured yards, postponed egress doors, and unobtrusive tracking for elopement risk.
- Activities are structured in a different way. An assisted living book club may perform at 3 p.m. Five days a week. Memory care often areas much shorter, sensory-friendly sessions throughout the day, with parallel activities to satisfy different ability levels.
- Care plans adapt faster in memory care. Habits management, medication changes, and interaction techniques shift as the illness changes.

The building may be lovely in both settings, however appeal alone does not calm confusion at 2 a.m. Or avoid a fall near the bathroom. Match the setting to the need, not to the chandelier.

A brief pre-tour checklist

Use this fast pass to show up ready and keep the tour focused.

- Bring a summary: medical diagnoses, medications, recent hospitalizations, and your leading 3 concerns.
- Clarify financial resources: anticipated budget plan variety, consisting of a realistic top end for care add-ons.
- Ask who leads the tour and whether you can speak with medical staff, not just sales.
- Request to see a space like the one that would be used, not just the model.
- Plan to visit at an off-peak time, like early night, in addition to the arranged tour.

Core questions that apply to both settings

Some concerns crossed all senior living models. Start with these, then branch into memory care or assisted living specifics.

Ask about staffing patterns. "The number of caretakers are on the flooring on days, evenings, and overnights, and how many residents do they cover?" A straight ratio can misinform if the structure is big or spread out, so follow up with, "Are personnel assigned to constant groups of citizens or drifted building-wide?" Continuity matters, particularly for dementia care, due to the fact that trust and familiarity lower anxiety.

Ask how they deal with medical needs. "Who handles medications daily, and what is your procedure for missed or refused doses?" Then, "What takes place when a resident's requirements increase? At what point do you advise a higher level of care?" You desire a clear escalation course and transparency about thresholds.

Ask about emergency situations. "In the last 6 months, how typically have you moved homeowners to the healthcare facility and for what kinds of concerns?" You are not fishing for an ideal number. You want to hear thoughtful criteria and strong interaction with families.

Ask how they track and communicate change. "How typically are care plans upgraded, and how will you notify us about changes in appetite, mood, or movement?" Technology can assist, but the substance is in who observes, files, and acts.

Finally, inquire about resident life. "What does a normal Tuesday look like here?" Then watch if the answer matches what you see in the hallways.

Questions specific to a memory care home

Memory care, when succeeded, is not a locked wing with beautiful art. It is a specialized environment and culture. Your questions need to emerge how that culture shows up at 7 a.m., 2 p.m., and 3 a.m.

Ask about the viewpoint behind their dementia care. Excellent programs can explain their approach in daily language. Some follow a well-known framework and adapt it, others develop their own mix of occupational treatment, validation techniques, and sensory engagement. You are listening for intentionality. If the response is just, "We redirect and reassure," push for examples.

Probe training details. "What dementia-specific training do all caregivers get before working alone, and how frequently do you refresh it?" Appropriate responses name hours, content, and practice, for instance de-escalation strategies, comprehending unmet requirements behind habits, and safe transfers for individuals who resist care. Ask if housekeeping, dining, and maintenance personnel receive training, given that they hang around with residents too.

Dig into habits support. "How do you respond if my mother ends up being afraid during bathing or my father accuses personnel of stealing his wallet?" You want to hear structure: prepare for triggers, customize the task, swap caretakers if there is a character inequality, consider time of day, and record what worked. Medication is one tool, not the only one.

Security needs to secure dignity, not feel like a prison. "How do you keep residents safe from elopement without over-restricting freedom?" Ask to see exits, yards, and wander management innovation. Ask whether residents can go outdoors unaccompanied and how personnel screen that space. Watch for doors that alarm constantly, an indication of frequent near-misses or poor environmental cues.

Activities require to be more than entertainment blocks. "How do you tailor engagement for individuals at different stages of dementia?" Search for parallel programming, for instance a cooking area table group folding towels and recollecting, a small music circle, and a walking club, instead of one large occasion where half the group is lost. Ask if activities continue into the evening, when agitation can spike.

Food and dining tone down stress and anxiety. "Can you accommodate finger foods for someone who forgets utensils? Do you serve smaller sized, more frequent meals?" In strong memory care, you will see visual menus, contrasting plate colors, and staff who sit at eye level. Inquire about hydration techniques, due to the fact that urinary system infections and dehydration typically masquerade as behavioral issues.

Staffing information matter. Lots of memory care homes staff heavier during nights and mornings to support bathing and shifts. As a very rough reference point, I frequently see day shifts with one caretaker for six to 8 locals, nights seven to nine, overnights 9 to twelve, with a medication assistant and a nurse offered or on call. These numbers differ by state guidelines and skill, so treat them as conversation beginners, not rigorous benchmarks.

Ask how they support households. "Will [senior care](#) you teach us methods that work here so we can use them throughout visits? How do you assist when we face regret or resistance?" The very best programs coach households, share what calms dad, and debrief after hard days.

Finally, ask how they determine success. "Can you share recent data on falls, weight modifications, healthcare facility transfers, or antipsychotic use?" Numbers fluctuate, but a neighborhood that tracks and discusses them openly is doing the work.

Questions particular to assisted living

Assisted living serves a large range of residents. Some are spry and social, others require assist with several activities of daily living. Your concerns need to tease out how flexible the assistance is and how it scales.

Clarify admission and retention criteria. "What are the scientific limitations for assisted living here? Do you accept homeowners who require two-person transfers, or those who use sliding scale insulin?" Not all buildings can

manage the very same care. If your spouse needs night-time toileting assist, validate that over night staffing can do that safely.

Ask how they cue and assistance memory lapses. Even if you are not visiting a memory care home, mild cognitive disability prevails. "If my father forgets medications or misses meals, how will you observe and assist?" Some buildings use wellness checks, others rely more on locals to come to meals and occasions. Make sure expectations match reality.

Look carefully at the activity calendar and who in fact attends. "The number of homeowners generally sign up with workout, lectures, getaways? Do you use small group or one-to-one alternatives?" A lively calendar suggests little if many locals do not or can not participate.

Probe transportation and medical coordination. "How do you deal with medical visits? Exists a nurse on site every day? Who follows up after a hospital visit or rehabilitation stay?" Assisted living is social, but health setbacks still take place. Ask how they help residents bounce back.

Discuss the path if memory issues grow. "If my partner starts roaming or revealing deceptions, what support can you add here, and when would you suggest relocating to memory care?" Some assisted living structures have a devoted memory care wing, which can ease transitions. Others might request for outdoors companions, which includes expense. You want a strategy, not a shrug.

Compare side by side throughout the tour

A basic comparison throughout your visit can help you see beyond labels.

[Dimension]	Memory care home	Assisted living	Staffing
			Higher caregiver hours, dementia-specific training, often smaller task groups
			Variable caretaker hours, general training, larger project groups
Environment	Guaranteed boundaries, looped hallways, reduced overstimulation	Open gain access to, more resident-controlled motion	
Activities	Short, regular, sensory-based, parallel groups	Larger group events, lectures, fitness classes, trips	
Dining	Visual cues, finger foods, pacing modifications	Dining establishment style, menus, set mealtimes	
Care adjustments	Quick response to habits and cognitive modification	More dependence on resident initiative and prompts	

This table is only a starting point. On the ground, programs differ commonly. Let what you see and hear guide you.

What to enjoy and listen for while you walk

I like to stop briefly at limits. Stand quietly near the activity space for a complete minute. Does the facilitator keep individuals engaged or look harried? Step into a resident hallway and notice smells. Periodic odors happen anywhere. Consistent heavy odors suggest gaps in toileting or housekeeping routines.

Listen to how personnel address citizens, especially when things fail. A gentle, specific prompt, "Hello there Mary, it is almost lunchtime, can I walk with you to the dining-room?" beats a generic, "It is time to eat," or even worse, "You have to go now." In a memory care home, likewise see transitions, such as moving from activity to lunch. Smooth transitions mean excellent planning.

Peek at the published personnel assignment sheet if you can. Are the very same caretakers paired with the same citizens most days? Consistency lowers stress and anxiety, especially for dementia care.

Ask to see a space that is currently occupied and consent is approved. Design spaces are staged. Lived-in areas reveal genuine storage, restroom designs, and whether grab bars match where individuals really reach.

Safety, falls, and real-world mitigation

Both settings must have a clear falls program. Ask for concrete examples, not slogans. If a resident fell two times near the restroom, did they add a movement sensor nightlight, move the bed, evaluation diuretics, and trial set up toileting? In memory care, ask how they handle homeowners who stand quickly and forget walkers. Some communities place walkers at the bed foot with a brilliant strap, others train staff to hint before citizens rise.

If your loved one wanders, ask what takes place when an exit alarm sounds. Who reacts first, what is their average reaction time, and how do they debrief afterward? A neighborhood that can call reaction steps without looking to the sales sheet most likely drills regularly.

Medical oversight without medical overreach

Senior living is not a health center, but health care goes through it. Clarify the nurse existence. Exists a registered nurse on website daily, an LPN on evenings, or only a nurse on call during the night? Ask who handles medication changes from the medical care physician or neurologist. If the structure partners with checking out service providers, you can select to utilize them or keep your own. In either case, ask how orders flow, who reconciles them, and how quickly modifications are implemented.



For memory care in specific, ask how they handle antipsychotics and sedatives. You wish to hear that non-drug interventions come first, that any brand-new medication begins with the most affordable efficient dosage, which there is a plan to reassess and taper if proper. A neighborhood that over-sedates might appear calm on tour, however the peaceful comes at a cost.

Costs, agreements, and the unglamorous details

Price structures vary. Some memory care homes bundle services into a single rate because nearly everybody needs comparable assistances. Others use a level-of-care design that adds costs as needs rise. Assisted living more typically utilizes levels or points, which can alter after move-in. Ask how often evaluations occur and how much notice you get before a price increase.

Ask about what is consisted of. Caretaker support, nursing oversight, meals, housekeeping, linens, transport, and activities are common additions. Medication management, incontinence items, escorts to meals, and specialized treatments may cost extra. If your loved one might need one-to-one assistance during the day or night, get a composed hourly rate and normal use examples.

Clarify move-out and deposit policies. If your mother moves to rehab for two months, will they hold her house and at what cost? In a memory care home, ask the length of time they will hold a space throughout

hospitalization and whether there is a minimized rate while the space is vacant.

Finally, be sincere with yourself about financial runway. Dementia care, whether in a memory care home or assisted living with included assistances, is pricey. I often counsel families to run a two-year and a five-year projection based upon present rates plus a practical yearly boost, frequently in the 3 to 7 percent variety, then add a cushion for a higher care level.

Family involvement and communication culture

Communities that invite family input tend to capture issues early. Ask if there are routine care conferences and whether you can ask for an ad hoc meeting after any significant modification. Clarify how frequently you will get updates, and in what format. Some memory care programs send short weekly notes with highlights and any concerns. Others count on a portal. A phone call still matters when cravings drops rapidly or your father starts pacing at night.

Observe household visits as you tour. Are there positions to sit privately, not simply in the main lobby? In a memory care home, ask how they support visits when your loved one becomes overstimulated. Some will provide a little quiet lounge or suggest the very best times of day based on your loved one's rhythm.

When requires change: aging in location vs prepared transitions

Dementia is progressive, and other health issues layer on. A strong plan acknowledges change upfront. Ask where the community struggles to meet requirements. Two-person transfers, continuous oxygen, or habits that threatens security prevail pressure points. In assisted living, ask whether hospice can be brought in and whether residents can remain in place through end of life. In memory care, lots of communities coordinate hospice seamlessly so citizens do not deal with a disruptive move.

If you are leaning toward assisted living now but anticipate to need a memory care home later on, ask whether the building has an associated memory care program and how transfers are managed. An internal transfer frequently enables you to keep the very same medical professional and drug store, and staff may currently know your loved one, which alleviates the transition.

Red flags and green lights

Keep these quick informs in mind as you stroll and talk.

- Vague responses about staffing, training, or escalation plans point to disorganization.
- Strong eye contact between staff and residents, with names utilized naturally, signals excellent relationships.
- Frequent high-pitched door alarms, homeowners gathered listlessly near exits, or staff who avoid engagement suggest stress points.
- Transparent conversation of recent challenges, such as a flu outbreak or a resident with escalating habits, shows maturity.
- A resident council or household council that meets frequently suggests a culture available to feedback.

Edge cases most households do not inquire about, however should

If your loved one has an unusual dementia, such as Lewy body disease or frontotemporal dementia, inquire about specific experience. The behaviors, medication sensitivities, and visual hallucinations can differ from common Alzheimer's. Request examples of how they adapted look after someone with similar symptoms.

If your partner remains in early-stage dementia and highly social, ask how they avoid isolation in a memory care home where peers might be even more along. Some communities run bridge programs, little groups concentrated on conversation and trips that feed the need for autonomy while still offering supervision.

If your parent is an introvert who declines activities, ask how engagement is determined and individualized. A quiet morning arranging images or being in the garden might be more meaningful than bingo, but it still requires staff time and intention.

Cultural fit matters too. Ask how the group supports language choices, spiritual care, or diet customs. Observe vacation decorations and events. Communities that can articulate how they satisfy diverse needs generally show it in small daily touches.

After the tour: how to debrief and decide

Decisions seldom depend upon one amazing feature. They originate from a pattern of fit. Debrief while impressions are fresh. Document 2 sentences about how the place felt, not just facts. Note the names of staff who impressed you and why. If possible, visit once again unannounced, ideally at a different time of day. Step back through your non-negotiables and see which neighborhood finest matches them today, not the idealized variation on paper.

As you narrow options, consider a brief respite stay, one to two weeks, if the community uses it. Respite provides you a window into life beyond the tour and lets the team test and tweak the care strategy. For dementia care, a short trial can surface how your loved one responds to the environment. You will discover more from 2 breakfasts and one difficult night than from an outstanding brochure.

The right questions do not ensure a perfect result, however they emerge the heart of a program. In a memory care home, you are searching for a group that understands dementia as a whole-person condition and builds the day around that truth. In assisted living, you want flexible support that enhances self-reliance without ignoring the early indications that more assistance is on the horizon. Ask particularly, listen carefully, and enjoy how the answers reside in the hallways.

BeeHive Homes of Great Falls provides assisted living care

BeeHive Homes of Great Falls provides memory care services

BeeHive Homes of Great Falls provides respite care services

BeeHive Homes of Great Falls supports assistance with bathing and grooming

BeeHive Homes of Great Falls offers private bedrooms with private bathrooms

BeeHive Homes of Great Falls provides medication monitoring and documentation

BeeHive Homes of Great Falls serves dietitian-approved meals

BeeHive Homes of Great Falls provides housekeeping services

BeeHive Homes of Great Falls provides laundry services

BeeHive Homes of Great Falls offers community dining and social engagement activities

BeeHive Homes of Great Falls features life enrichment activities

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

BeeHive Homes of Great Falls promotes frequent physical and mental exercise opportunities

BeeHive Homes of Great Falls provides a home-like residential environment

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

BeeHive Homes of Great Falls assesses individual resident care needs

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

BeeHive Homes of Great Falls assists qualified veterans with Aid and Attendance benefits

BeeHive Homes of Great Falls encourages meaningful resident-to-staff relationships

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

BeeHive Homes of Great Falls has a phone number of (406) 205-4516

BeeHive Homes of Great Falls has an address of 2320 15th Ave S, Great Falls, MT 59405

BeeHive Homes of Great Falls has a website <https://beehivehomes.com/locations/great-falls/>

BeeHive Homes of Great Falls has Google Maps listing <https://maps.app.goo.gl/1z93HCVXHyRSY9gU6>

BeeHive Homes of Great Falls has Facebook page <https://www.facebook.com/beehivehomesgreatfalls>

BeeHive Homes of Great Falls has an Instagram page <https://www.instagram.com/beehivehomesofgreatfalls>

BeeHive Homes of Great Falls won Top Assisted Living Homes 2025

BeeHive Homes of Great Falls earned Best Customer Service Award 2024

BeeHive Homes of Great Falls placed 1st for Senior Living Communities 2025

People Also Ask about BeeHive Homes of Great Falls

What is BeeHive Homes of Great Falls Living monthly room rate?

The monthly cost for assisted living, memory care, or senior care in Great Falls, MT depends on the level of care needed. Each resident receives a personalized assessment, and pricing is based on that evaluation. BeeHive Homes is known for clear, transparent pricing with no hidden fees

Can residents remain at BeeHive Homes as their care needs change?

In many cases, yes. BeeHive Homes of Great Falls is designed to support residents as their needs evolve, whether that means increased assistance with daily living or transitioning to memory care within the BeeHive network. Residents may remain as long as their needs can be safely met without 24-hour skilled nursing

What types of senior care are offered at BeeHive Homes of Great Falls, MT?

BeeHive Homes of Great Falls provides a range of care options, including assisted living, memory care, respite care, and specialized traumatic brain injury (TBI) assisted living care. Care is offered across eight (8) residential-style BeeHive Homes located throughout the Great Falls community, each designed to support a specific level of care

What is Traumatic Brain Injury (TBI) assisted living care?

Traumatic Brain Injury assisted living care is designed for individuals who need daily support following a brain injury but do not require 24-hour skilled nursing. At Fireweed Home, BeeHive Homes of Great Falls provides structured routines, personalized assistance, and consistent supervision tailored to the unique needs associated with TBI

Can families tour BeeHive Homes of Great Falls?

Absolutely! Families are encouraged to schedule a tour to learn more about assisted living, memory care, and senior living in Great Falls, MT. To arrange a visit or speak with our team, please call (406) 205-4516

Where is BeeHive Homes of Great Falls located?

BeeHive Homes of Great Falls is conveniently located at 2320 15th Ave S, Great Falls, MT 59405. You can easily find directions on [Google Maps](#) or call at [\(406\) 205-4516](tel:4062054516) Monday through Sunday Open 24 hours

How can I contact BeeHive Homes of Great Falls?

You can contact BeeHive Homes of Great Falls by phone at: [\(406\) 205-4516](tel:4062054516), visit their website at <https://beehivehomes.com/locations/great-falls>, or connect on social media via [Facebook](#) or [Instagram](#)

You might take a short drive to the [C. M. Russell Museum](#). The C.M. Russell Museum offers art and Western history exhibits that create an enriching outing for residents in assisted living, memory care, senior care, elderly care, and respite care.