

**Business Name:** BeeHive Homes of Taylorsville

**Address:** 164 Industrial Dr, Taylorsville, KY 40071

**Phone:** (502) 416-0110

## BeeHive Homes of Taylorsville

BeeHive Homes of Taylorsville, nestled in the picturesque Kentucky farmlands southeast of Louisville, is a warm and welcoming assisted living community where seniors thrive. We offer personalized care tailored to each resident's needs, assisting with daily activities like bathing, dressing, medication management, and meal preparation. Our compassionate caregivers are available 24/7, ensuring a safe, comfortable, and home-like setting. At BeeHive, we foster a sense of community while honoring independence and dignity, with engaging activities and individual attention that make every day feel like home.

[View on Google Maps](#)

164 Industrial Dr, Taylorsville, KY 40071

### Business Hours

- Monday thru Sunday: Open 24 hours

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Walk into a well run small senior home at 8 a.m. And you will not see a single, stiff schedule used to everybody. One resident is ending up oatmeal and coffee at the sunny cooking area table. Another is still in bed, listening to jazz with the curtains half drawn. Someone else is currently dressed and folding laundry by option, since it makes them feel useful. Very same time of day, three extremely various mornings.

That is the peaceful power of tailored activities of daily living in a small setting. The jobs sound fundamental on paper, however in practice they are how people experience their day: getting out of bed, bathing, dressing, using the bathroom, walking around, eating meals, handling medications. When those regimens are customized in a thoughtful assisted living or board and care home, they maintain self-respect and identity instead of removing it away.

Over the previous twenty years working in senior care, I have actually seen big facilities with gorgeous amenities, and I have seen 6 bed homes tucked into normal areas. The smaller homes do not constantly win on décor or fitness center equipment, but they typically outpace bigger operations on one important measurement: the capability to adjust day-to-day care around one person at a time.

## What "small senior homes" actually look like

Families utilize various terms: small assisted living, residential care home, board and care, adult family home. Regulations vary by state, but the basic photo is similar. A typical home serves in between 4 and 16 residents, typically in a converted single family house or a function built small residence. Staff work in close distance to residents, sharing typical areas, helping with meals, and supporting daily routines.

Compared with a 60 or 120 bed assisted living neighborhood, a small home starts with a number of integrated in benefits for tailoring care:

Staff ratios are normally tighter. Rather of one caregiver for 12 to 20 citizens, you may see one caretaker for 3 to 6 homeowners throughout the day. During the night, a single caretaker may cover the whole home, but still with far fewer individuals to monitor.

Documentation is simpler and more individual. Care plans are not simply electronic charts. In great homes, they reside in the staff's memory, in the published notes on the fridge, in the way early morning shift advises evening shift about a resident's brand-new choice for chamomile rather of black tea.

The environment behaves like a household, not a hotel. The line in between "my room" and "the common area" feels closer to family life, which permits routines to stream more naturally. Homeowners can gravitate to their favored spots without passing through long corridors or official dining rooms.

These structural features matter since they make it possible to differ one-size-fits-all regimens. If you just have six individuals to wake, shower, dress, and serve breakfast, you can afford to let someone sleep till 9 a.m. You can spend ten extra minutes helping another resident choice a favorite clothing instead of rushing to strike a seat count in the dining room.



## **Activities of everyday living as identity, not simply tasks**

Healthcare professionals often divide daily function into "ADLs" and "IADLs." It sounds medical. In practice, each of those ADLs carries a piece of who the person is and how they see themselves.

Bathing can be a susceptible minute or a small high-end. A retired mechanic who prided himself on self sufficiency might resist assistance in the shower because it seems like a loss of independence, while another resident finds convenience in a caregiver who knows simply how warm to make the water and which lavender soap she likes.

Dressing is not just about remaining warm and covered. Clothes ties to self-respect, modesty, cultural background, even previous roles. I still keep in mind a previous bank manager who unwinded visibly when

personnel realized he required a pressed button down shirt, even with flexible waist trousers, to feel "prepared for the day."

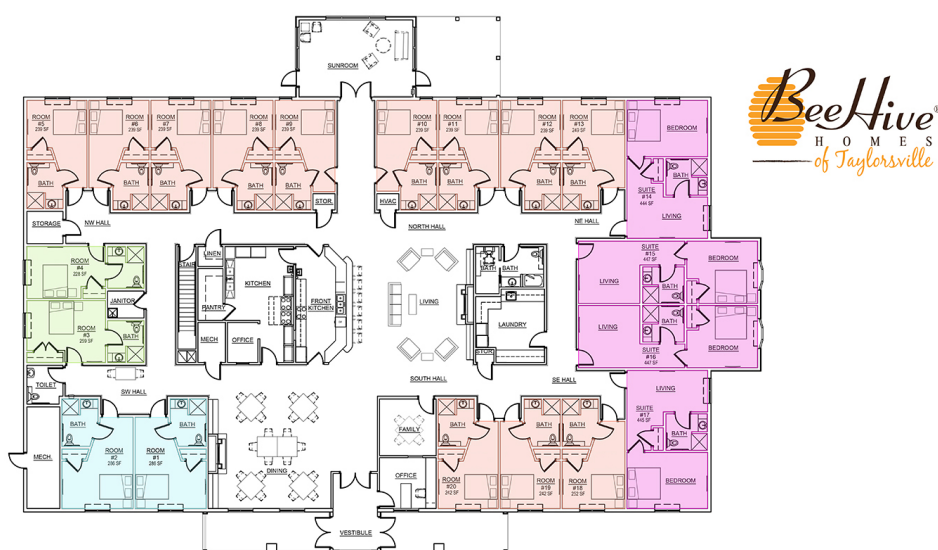
Toileting and continence touch on embarrassment and privacy. Improperly managed, they are a substantial source of distress. Managed respectfully, with proactive timing and quiet help, they become one more routine that protects confidence instead of eroding it.

Mobility is autonomy. Whether somebody strolls independently, utilizes a walker, or needs a wheelchair, the concerns are the exact same: How can we keep them moving safely, and how can we avoid turning them into a passive traveler in their own life?

Feeding and meals represent much more than calories. They are social time, sensory experience, and memory triggers. Small senior homes that prepare in an open cooking area, with gives off onions sautéing or cookies baking, use that psychological layer of care.

Medication management is typically the least personal part of the day in large settings. In smaller homes, the very same caregiver might understand how to pair pills with a joke or a favorite muffin, and may discover subtle changes in how a resident swallows or reacts.

Treating these tasks as identity minutes, not only as care obligations, is the beginning point genuine personalization.



## How small homes find out each resident's "default setting"

Personalization does not take place by accident. The very best small homes build it on a couple of key practices.

First, they take intake seriously. I have actually seen admissions made with a clipboard in 20 minutes, and I have actually seen them take two hours around a dining table with tea and household pictures. The 2nd approach produces much better care. Staff ask not only "Can you shower yourself?" but "Do you prefer showers or baths? Morning or night? Alone or with the door partially open so you can hear the television?" For someone with dementia, families typically fill in the spaces about lifelong habits.

Second, they produce a working bio. It might be a formal "life story" document or merely a personnel culture of telling stories about citizens during shift change. A note like "Julia taught 2nd grade for 30 years and dislikes being rushed" has direct implications for how you handle her mornings.

Third, they see and adjust over the first weeks. What a resident or family reports on the first day does not constantly match truth in a new setting. Stress and anxiety, unfamiliar bathrooms, different beds, [senior care](#) or new medications can move sleep patterns and continence. Small staffs frequently see quickly, because the individual is not one of lots of at the end of a long corridor. If Mr. Lopez declines his 7 a.m. Shower 3 mornings in a row, caregivers can recommend a late early morning or evening routine nearly immediately.

Finally, they give frontline staff genuine authority. In big facilities, caregivers might have little space to deviate from the printed schedule. In well handled small homes, the administrator expects caregivers to improvise within factor and to restore ideas that worked. That autonomy is vital for tailoring.

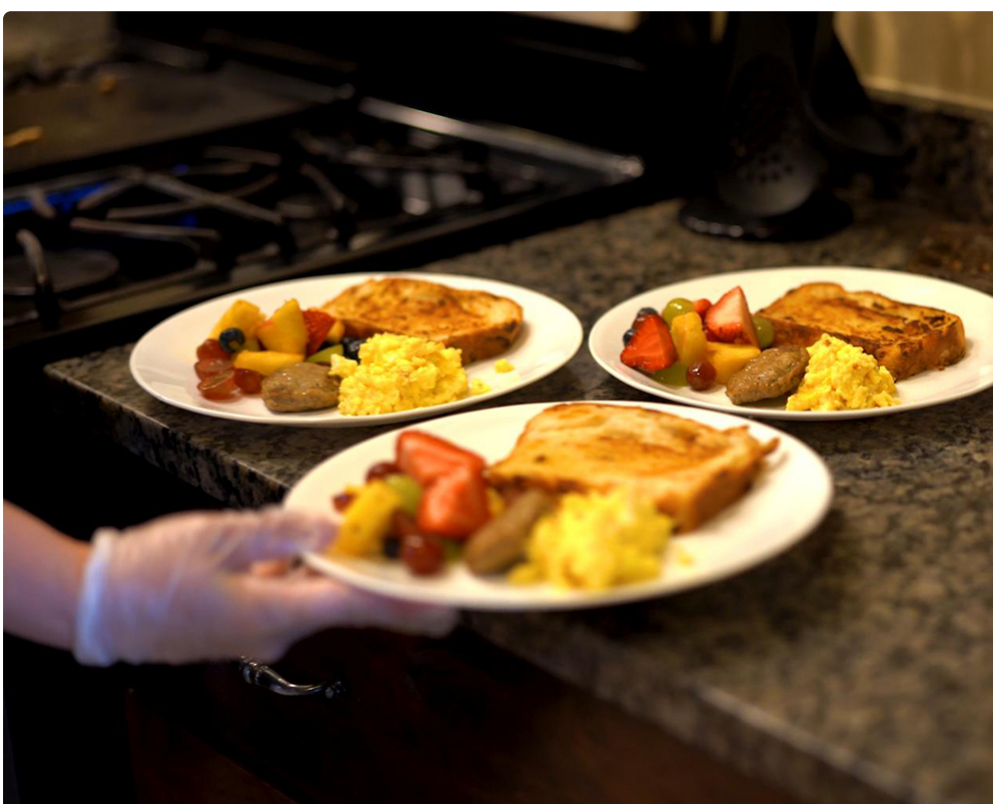
## Morning regimens: waking up as yourself

Mornings expose very quickly whether a small home truly personalizes care or just repeats a smaller variation of institutional routines.

I recall two citizens from the exact same home who might not have actually been more different. One, a retired nurse in her late seventies, woke naturally at 5:30 a.m. Her entire adult life. She delighted in the quiet and liked to shower early, have coffee, and see the early news. The other, a former artist in his eighties, had been a lifelong night owl. Requiring him out of bed before 9 a.m. Made him irritable and confused.

In a larger building with 80 homeowners, both may get a basic 7 a.m. Get up and 8 a.m. Breakfast due to the fact that the staffing design requires it. In the small home where they lived, the over night caretaker started the nurse's shower at 6 a.m. By choice, then sat her at the kitchen area table with coffee before the day move arrived. The musician had a care plan that specifically stated "Do not wake before 8:30 unless medically needed." His first hour of the day was deliberately sluggish and disorganized, with breakfast ready when he was completely awake.

That type of difference depends upon small information: understanding who sleeps lightly, who needs a gentle voice or a discuss the shoulder rather of bright lights, who prefers to select their own clothing versus having actually two attires laid out. Gradually, caregivers in a small home discover these nuances nearly the way member of the family do. Getting up ends up being something that occurs with someone, not to them.



## **Bathing and grooming: privacy, convenience, and cultural respect**

Bathing is among the most personal ADLs, and one where bad handling can rapidly result in rejections, agitation, or outright worry, specifically in locals with dementia.

Small senior homes have a much easier time matching bathing routines to individual history. For example, lots of older grownups matured without daily showers. Requiring a shower every morning might feel intrusive or even unnecessary to them. In a 6 bed home, it is completely convenient to schedule baths 2 or three times a week for those residents, while still supplying everyday face washing, oral care, and grooming.

Cultural and spiritual norms likewise matter. Some homeowners choose same gender caretakers for bathing. Others have specific expectations around modesty, such as keeping particular body parts covered as much as possible. In a small home, staffing and scheduling can typically appreciate these requirements, rather than treating them as inconvenient.

Temperature and sensory sensitivity play a useful role. I have seen aggressive "behaviors" vanish when we stopped rushing someone into a cold bathroom and rather warmed the room, set out thick towels in their favorite color, and played soft music. These are small, economical changes, but they need time and attention.

Grooming regimens, like shaving, hair styling, or makeup, are typically ignored in bigger settings. In small homes, I have seen caregivers discover precisely how one resident liked her lipstick and earrings before church, or how another chosen a hot towel shave every other day. These are not high-ends. They are methods of stating, "You are still you."

## **Dressing and continence: function without sacrificing dignity**

Clothing choices highlight the compromise between safety, convenience, and self expression. A resident at risk of falls may require tough shoes and simple to place on trousers, however that does not immediately suggest institutional sweats. In small homes, staff often have time to help citizens adapt their own design using elastic waist slacks, adaptive shirts with concealed Velcro, or layered clothing for warmth.

I keep in mind a lady who had constantly used collaborated clothing with precious jewelry. In her very first week in a small home, staff noticed her state of mind improved when they involved her in selecting a scarf and locket each morning, even when they ultimately needed to fasten the clasp for her. That minute or 2 of involvement was an ADL intervention, not fluff.

Toileting and continence care benefit heavily from close observation. In a big facility, scheduled toileting may happen every two hours on a rigid round. In a small home, caregivers can sync bathroom provides with the person's natural pattern: right after breakfast and lunch, before brief walks, before bed. They quickly discover subtle indications that somebody requires the restroom however may not verbalize it, such as uneasiness or particular fidgeting.

The distinction in between an "mishap susceptible" resident and a primarily continent person frequently comes down to this sort of proactive, customized timing. It lowers embarrassment, skin breakdown, and urinary infections. Families often undervalue just how much calmer a parent will be when they no longer live in worry of public accidents.

## **Mobility and "integrated in" activity**

In small senior homes, motion is not restricted to scheduled exercise classes. The very design encourages short, significant trips: from bedroom to kitchen, from favorite chair to garden, from living room to mailbox. For locals

with mobility obstacles, caregivers can weave these movements into ADLs in subtle ways.

For an individual who utilizes a walker, personnel might position the coffee pot just far enough from the table to encourage a brief walk, with close guidance, each morning. Rather of wheeling somebody to the restroom, they might permit additional time and stand-by support so the resident can walk with a gait belt.

What looks like "helping with ADLs" on a care plan can work as low level, regular physical therapy. The secret is to strike a balance in between security and autonomy. Small homes, with far less citizens to supervise, can legally offer a single person an additional five minutes to walk at their rate rather than pressing a wheelchair to conserve time.

I have likewise seen the method small groups observe changes early: a minor shuffle, slower transfers, brand-new hesitation on stairs. That early detection permits timely doctor visits, medication evaluations, and perhaps home based physical treatment, rather of awaiting a fall and an emergency room visit.

## **Mealtime routines: more than 3 arranged seatings**

Meals in small senior homes feel and look different from dining establishment design dining in large assisted living neighborhoods. The cooking area is generally close sufficient that citizens can smell food cooking. Some may sit at the table while personnel prepare breakfast, which naturally triggers conversation: "Do you want eggs today or simply toast?" "Orange juice or tea?"

From an ADL point of view, this environment uses versatility in timing and format. A resident who wakes earlier may have a light first breakfast, then join others later for coffee and a pastry. Somebody with advanced dementia may be calmer with three or 4 smaller meals and snacks, served when they reveal interest, instead of being expected to eat 3 large plates on a precise clock.

Texture modifications and unique diets are much easier to individualize when the cook is preparing meals for 8 rather of eighty. You can have one plate pureed, one chopped, and one regular without overwhelming the kitchen area. Staff can likewise discover patterns: Joe eats much better when his tablets are offered after breakfast, not before; Maria consumes more when her water is seasoned with a piece of lemon.

This is also where respite care stays become an opportunity to test and refine regimens. When a family sends a parent for a week of respite care in a small home, attentive staff might recognize that the "bad hunger" reported in the house is partially a function of timing, isolation, or the way food exists. That insight can travel back home with the family, or may inform a permanent move if needed.

## **Medication and health regimens that fit the person**

Medication management tends to look standardized from the outside: times, dosages, blister packs. Personalization appears in the way medications are woven into every day life and how negative effects are noticed.

For example, a diuretic given too late in the evening may ensure night time restroom trips and poor sleep. In a small home, caregivers see the immediate impact. They witness the resident shuffling to the restroom at 2 a.m., then groggy at breakfast, and can flag this pattern to the nurse or doctor. Adjusting the timing to late early morning can significantly enhance quality of life.

Similarly, discomfort medications for arthritis or persistent back pain can be set up to peak before the most active part of the day, or before a known trigger like bathing. That allows homeowners to get involved more completely in their own ADLs instead of requiring total assistance.

Small teams also discover mood and cognition variations related to medications: a new antidepressant that makes someone more engaged in grooming, or a sedative that leaves them too drowsy to consume. These subtleties typically get missed out on in bigger operations where various personnel engage with the individual at different times and in different departments.

## **The function of relationships: connection as a scientific tool**

Personalizing ADLs is not just about treatments. It depends heavily on steady relationships. In small homes, the exact same 3 to six caregivers frequently cover most shifts. Homeowners get utilized to the same faces helping them shower, gown, and move. That familiarity builds trust, which in turn makes intimate care less stressful and more effective.

I have watched a resident with advanced dementia resist bathing from a new employee, then relax almost right away when a familiar caregiver took control of. There was no magic phrase. It was the body language, intonation, and shared history: "It's me, Anna, the one who always sings your church songs while we clean your hair."

Continuity likewise helps personnel recognize small modifications that could indicate health problems: a brand-new trembling when holding a toothbrush, wincing when raising an arm during dressing, or unstable transfers from chair to walker. These observations are often first made during ADLs, not throughout official assessments.

For families, this relational stability is part of what distinguishes good small homes from average ones. High turnover weakens customization. A home that retains caregivers for many years, not months, can accumulate a deep understanding of each resident's quirks and preferences.

## **Working with households previously, throughout, and after move-in**

Families get here with their own routines and stress factors. Some have been providing hands-on elderly care for years, waking numerous times in the evening to aid with toileting or wandering. Others are actioning in after an unexpected hospitalization. Small senior homes that excel at personalized ADLs almost always involve families closely.

This begins even before admission, with honest conversations about what is working at home and what is not. A son might explain his mother as "refusing showers," however when penetrated, it ends up she only declines when he tries to assist and withstands far less when a female caregiver is included. That detail forms staffing assignments.

Respite care is an effective tool here. Short stays, often lasting a few days to a few weeks, enable the home to find out the person while offering the family a break. Throughout respite, personnel can explore timing, sequence, and approaches to ADLs. They might find that Dad accepts toileting help better if used right after his mid-morning coffee, or that Mom eats twice as much when she sits beside somebody who chats gently.

After a relocation, families need routine feedback, not practically medical problems but about daily regimens. A good small home will share particular observations: "Your father actually likes choosing in between 2 shirts instead of having a full closet to take a look at. It appears to decrease his aggravation when dressing." These details reassure households that their loved one is viewed as an individual, not a list of tasks.

## **Questions households can ask to evaluate genuine personalization**

Families visiting small senior homes typically hear similar phrases: "We provide customized care." "We treat your loved one like household." To learn whether that is true in practice, specific, concrete concerns help.

Here are useful concerns to ask during a tour or care conference:

1. How do you choose what time each resident wakes up and goes to bed?
2. Who selects clothing each day, and how do you handle it if a resident's option is not practical?
3. Can you describe how you assist somebody who is modest or afraid with bathing?
4. What happens if my parent does not want to consume at the set up mealtime?
5. How do you involve families in upgrading routines when health or capabilities change?

The responses should consist of examples, not just policies. Listen for stories that show staff notification and respond to private quirks.

## **Red flags that regimens are not genuinely tailored**

Personalized ADLs leave traces visible to a mindful visitor. Similarly, generic care has its own signs. When I seek advice from families, I motivate them to expect a couple of caution patterns.

1. Everyone wakes, consumes, and showers at the same times, with no exceptions mentioned.
2. Staff refer primarily to "our residents" rather of utilizing names and explaining individual preferences.
3. You see several residents in mismatched or stained clothes, or with unshaven faces and unbrushed hair, without a good explanation.
4. Bathrooms smell strongly of urine on duplicated visits, suggesting rushed or badly timed continence care.
5. When you inquire about your loved one's regular, personnel quote the care plan but struggle to describe what actually happened yesterday.

Any one of these may have an innocent reason on a given day, however a pattern recommends a task focused culture instead of an individual focused one.

## **The quiet advantages: safety, state of mind, and reasonable independence**

When activities of daily living are tailored thoroughly in a small senior home, the benefits are simple to ignore since they look ordinary. Falls decline since mobility support is aligned with how the person really moves. Skin stays healthy because bathing and continence care are proactive and respectful. Appetite improves due to the fact that meals match specific routines and rhythms.

Families often report that a parent appears "more themselves" after moving into a small, customized assisted living home, in spite of the predicted losses of aging. Part of that result comes from social connection. Another part comes from the simple relief of having help with ADLs that feels supportive instead of infantilizing.

Personalized routines have limits. Not every choice can be honored every time. Staff burnout and turnover remain dangers, particularly in underfunded settings. Some homeowners need such substantial physical assistance that options must be narrowed for safety. Still, within those constraints, small homes that deal with ADLs as the fabric of life, not a list, provide older adults a quieter however profound present: the ability to go through regular jobs in a way that still seems like their own.

For households weighing alternatives in senior care, it assists to look beyond the brochures and ask, "What will early mornings seem like here? How will my mother be assisted to bathe, dress, eat, utilize the restroom, move, and handle her health day after day?" In a good small home, the response sounds less like a timetable and more like a story about one particular individual. That is where real customization lives.

BeeHive Homes of Taylorsville provides assisted living care

BeeHive Homes of Taylorsville provides memory care services

BeeHive Homes of Taylorsville provides respite care services

BeeHive Homes of Taylorsville supports assistance with bathing and grooming

BeeHive Homes of Taylorsville offers private bedrooms with private bathrooms

BeeHive Homes of Taylorsville provides medication monitoring and documentation

BeeHive Homes of Taylorsville serves dietitian-approved meals

BeeHive Homes of Taylorsville provides housekeeping services

BeeHive Homes of Taylorsville provides laundry services

BeeHive Homes of Taylorsville offers community dining and social engagement activities

BeeHive Homes of Taylorsville features life enrichment activities

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

BeeHive Homes of Taylorsville promotes frequent physical and mental exercise opportunities

BeeHive Homes of Taylorsville provides a home-like residential environment

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

BeeHive Homes of Taylorsville assesses individual resident care needs

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

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

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

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

BeeHive Homes of Taylorsville has a phone number of (502) 416-0110

BeeHive Homes of Taylorsville has an address of 164 Industrial Dr, Taylorsville, KY 40071

BeeHive Homes of Taylorsville has a website <https://beehivehomes.com/locations/taylorsville>

BeeHive Homes of Taylorsville has Google Maps listing <https://maps.app.goo.gl/cVpc5intnXgrmjJU8>

BeeHive Homes of Taylorsville has Facebook page <https://www.facebook.com/BHTaylorsville>

BeeHive Homes of Taylorsville has an Instagram page <https://www.instagram.com/beehivehomesoftaylorsville/>

BeeHive Homes of Taylorsville won Top Assisted Living Homes 2025

BeeHive Homes of Taylorsville earned Best Customer Service Award 2024

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

## People Also Ask about BeeHive Homes of Taylorsville

### What is BeeHive Homes of Taylorsville Living monthly room rate?

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The rate depends on the bedroom size selection. The studio bedroom monthly rate starts at \$4,350. The one bedroom apartment monthly rate is \$5,200. If you or your loved one have a significant other you would like to share your space with, there is an additional \$2,000 per month. There is a one time community fee of \$1,500 that covers all the expenses to renovate a studio or suite when someone leaves our home. This fee is non-refundable once the resident moves in, and there are no additional costs or fees. We also offer short-term respite care at a cost of \$150 per day

# Can residents stay in BeeHiveHomes until the end of their life?

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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?

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No, but we do have physician's who can come to the home and act as one's primary care doctor. They are then available by phone 24/7 should an urgent medical need arise

## What are BeeHive Homes' visiting hours?

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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?

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Yes, each home has rooms designed to accommodate couples. Please ask about the availability of these rooms

## Where is BeeHive Homes of Taylorsville located?

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BeeHive Homes of Taylorsville is conveniently located at 164 Industrial Dr, Taylorsville, KY 40071. You can easily find directions on [Google Maps](#) or call at (502) 416-0110 Monday through Sunday Open 24 hours

## How can I contact BeeHive Homes of Taylorsville?

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You can contact BeeHive Homes of Taylorsville by phone at: [\(502\) 416-0110](tel:5024160110), visit their website at <https://beehivehomes.com/locations/taylorsville>, or connect on social media via [Facebook](#) or [Instagram](#)

Conveniently located near Beehive Homes of Taylorsville [AMC Stonybrook 20](#) a great movie theater with full food & drink menu. Catch a movie and enjoy some great food while you wait.