

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 generally begin visiting memory care neighborhoods after a series of demanding events, not a single bad day. Possibly Dad roamed out the side door while the caregiver was in the bathroom. Perhaps the over night calls have actually developed into a daily crisis. By the time you are comparing choices, you already know the stakes are high. The goal is not just discovering a location that looks clean and friendly. It is deciding who will keep your person safe at 2 in the early morning when agitation spikes, who will prevent a fall during a hurried transfer, who will speak out when a new medication dulls their spark.

I have actually spent years strolling households through these decisions and assisting teams run more secure units. The communities that do this well have a specific feel. They are not perfect, but patterns emerge. You can find out to spot them.

What "safe" actually suggests in a memory care environment

People frequently correspond security with video cameras and locked doors. Those tools matter, however they are the bare minimum. True safety is the mix of environment, routines, staff skill, and management culture that prevents foreseeable damage and responds well when something goes wrong.

Elopement risk is real in dementia care. A safe and secure border with discreet entry control protects self-respect and security, however a locked door is not a strategy. Personnel need to know who is at threat of exit looking for, which courses they choose, and what phrases redirect them. I have actually seen a nurse avoid a bolt for the door with a basic, practiced line about walking to the "mail box" and then an easy handoff to an activity area. That is training plus understanding the person.

Fall prevention resides in the mundane. Are floorings matte, not glossy, so depth understanding is not fooled? Are toss carpets gotten rid of? Are chairs the best [respite care near me](#) height for the average resident in that unit? The best systems measure. They check reclining chair heights, switch them if required, and location visual cue strips on the first and last steps of any modification in level. They inspect footwear at admission and after laundry accidents. These are not expensive repairs, but they require ownership.

Medication safety needs its own lens. Memory care residents typically have several persistent conditions layered on top of cognitive decrease. Anticholinergics, benzodiazepines, specific sleep aids, and even some over the counter cold medicines can aggravate confusion and balance. Strong programs keep a present medication list, review it routinely with a pharmacist, and track psychotropic use with intent to taper if habits can be managed otherwise. Ask how they coordinate with medical care and whether they run medication reconciliation after health center discharges.

Infection control altered after 2020. You are not asking for wonders. You are requesting a neighborhood that keeps track of hand health, utilizes clear isolation signs when required, keeps PPE available, and communicates transparently about outbreaks. In memory care, citizens may not tolerate masks or isolation. That indicates personnel have to be experienced at low-friction precautions that still safeguard the group.

Emergency readiness does not look like a three-ring binder gathering dust. It looks like a posted roster with functions for evacuations and shelter in location, identified go-bags for residents with vital devices, and routine drills that include nights and weekends. If you see a stack of wheelchairs with dead batteries, or the last fire drill date is from in 2015, keep your eyes open.

What staffing numbers really tell you, and what they do not

Families frequently request a ratio. It is a sensible instinct. Ratios are simple to compare. The reality is ratios can misinform if you do not understand the context.

A day shift of one aide for 6 to 8 locals in a devoted memory care unit can be reasonable if the residents are mostly ambulatory and the team is steady. That exact same ratio becomes risky if lots of homeowners require two-person assists, have frequent incontinence, or display aggressive behaviors. During the night, you might see one assistant for each 8 to twelve citizens, with a nurse covering 2 or more units. Some states set minimums, lots of do not, and acuity shifts quicker than the marketing brochure.

Skill mix matters more than the printed ratio. Is there a nurse physically present on the system all shifts, or is the nurse covering the entire building? How many hours of dementia-specific training do brand-new hires total before taking independent assignments? Is there a skilled lead on each shift who knows the residents by name and history? If the building leans greatly on agency personnel, safety can break down, not since company workers lack ability, but because consistency is a security tool in dementia care.

Scheduling patterns are a useful window into real staffing. Rotating schedules drain groups. Constant assignments let aides learn routines and preferences, which reduces agitation, refusals, and rushed care. A steady task sheet is the distinction in between understanding Mr. R needs his cereal warm and his pills in applesauce, versus guessing at breakfast while his anxiety climbs.



Turnover is not a character defect. It is a threat signal. Ask for quarterly turnover rates, not just annualized numbers. A short spike after a change in management is not constantly a deal breaker. A pattern of continuous churn typically shows up as more falls, more skin breakdowns, and more medical facility transfers. Seasoned neighborhoods track those patterns and act upon them.

Touring with a sharper eye

Tours frequently happen in the golden hour, midmorning on a weekday. Personnel are fresh, activities are visual, and leaders are available. That is fine for a first visit. It is insufficient for a decision.

Arrive when unannounced at shift change. Stand quietly near the unit door and watch handoff. Great handoff sounds concise and particular, with names and useful information. You must hear things like, "Mrs. P snoozed after lunch, missed her 2 pm fluids, ensure she drinks with dinner," or, "Mr. K attempted a brand-new antidepressant last night, slept 6 hours, was consistent on his feet, watch for dizziness." Vague expressions such as "everyone's great" are not helpful.

Watch a meal from start to complete, not just the table set-up. Mealtime is both a safety and self-respect checkpoint. Do nurses or aides sit at eye level for cueing? Are adaptive utensils utilized correctly, or abandoned after one shot? Is the room too loud for concentration? Try to find the small triggers, the gentle hand-under-hand assistance that indicates real dementia care training.

Observe bathroom help without intruding. Citizens with dementia might resist personal care. Personnel who are trained will use brief, concrete phrases and sequencing, not pep talks or scolding. The speed you see throughout individual care tells you if the ratio is operating in practice. If everybody looks rushed, they probably are.

I likewise take notice of what is on the walls. A life story board with images and brief notes can direct new staff and pacify agitation with an easy icebreaker. A care strategy snapshot at the nurse's station with clear icons for threats and preferences is better than a binder no one opens.

The function of environment, beyond quite finishes

Good memory care architecture looks warm and regular. The very best versions are quiet problem solvers. Hallways have visual interest every couple of actions so pacing feels natural. Rooms are easy to recognize. Bathrooms keep towels and toiletries in sight, not hidden in drawers citizens forget exist. Lighting is even, glare is tamed, and bulbs are intense enough for aging eyes.

Security requires to mix in. Delayed egress doors can be camouflaged with murals or bookshelves, however do not let aesthetics hide a lack of clearness. Staff ought to demonstrate how alarms work and what the action looks

like in under one minute. Outdoor yards that are safe and secure, dubious, and accessible are more than benefits. Access to fresh air and a safe walking loop can reduce agitation and sun-downing.



Noise is frequently the overlooked danger. Televisions blasting, phones sounding, carts rattling on tile, all amount to confusion and irritation. I stroll an unit with my ears as much as my eyes. Communities that insulate doors, location felt on chair legs, and use rubber-wheeled carts make calmer days and better nights.

Behavior assistance as a security system

A resident who starts out is not merely aggressive. They may be in pain, hurrying to the restroom, overstimulated, or frightened by a stranger's hands near their face. A neighborhood that treats behavior as communication runs much safer systems. They track antecedents, not simply events. They teach the hand-under-hand method, usage validation, and pair residents with personnel who have the ideal temperament.

Ask to see the behavior tracking tool. If it is a log of dates and a single word like "agitation," that is not useful. A helpful note checks out, "3:45 pm, hallway pacing, requiring spouse, rerouted to picture album, tea used, sat in sun parlor 20 minutes, settled." That entry can be turned into a plan. Over time, the data should reveal fewer high-risk moments.

Psychotropic stewardship becomes part of this. Antipsychotics and sedatives can in some cases be needed. They likewise increase fall danger and can flatten personality. Strong programs collaborate with prescribers, try ecological and activity changes initially, and, when medication is used, set a date to reassess.

Night shift realities

Safety during the night has a various texture. Less eyes, more fatigue, more confusion for residents. I ask who is really on the unit between 11 pm and 7 am. Is there a licensed nursing assistant in each section plus a nurse who rounds, or is one aide covering two hallways and calling a float when needed? The number of locals are on bed or chair alarms, and who responds?

Good night groups have peaceful routines. They cluster care to minimize interruptions. They pre-position incontinence materials and utilize low lighting for checks. They understand who tends to roam around 3 am and who wakes thirsty. If you can, visit late. You will see whether call lights linger, whether the unit hums or frays.

After occurrences: what occurs next

Every unit has falls. The distinction is what follows. After a fall, you wish to see a head-to-toe evaluation, vitals, a neuro check if shown, a call to the accountable party, and a brief huddle before the next shift on what to change.

Change is the key word. Did they lower the bed, adjust transfer strategy, swap shoes, include a hint, or adjust the toilet schedule? If the strategy does not change, the threat does not either.

Elopements are rarer but severe. A responsible community reports to regulators when needed, debriefs with the family, and documents system changes that go beyond "re-educated personnel." They might include a visual barrier, change staffing throughout a known trigger hour, or move a resident's space far from an exit. Families are worthy of to hear how they will avoid a second event.

Hospitalization patterns tell a story too. A sharp rise in transfers for urinary tract infections or dehydration normally points to missed out on fluids or toileting. Some units utilize hydration carts at midmorning and midafternoon, tracking intake with easy tallies. Little changes like that lower health center runs, and you can ask to see those logs.

Documentation that signifies genuine work, not simply paperwork

Care plans ought to be understandable, not simply certified. I try to find resident choices, particular threats, and precise techniques. "Assist with ADLs," means little. "Hint step by action for tooth brush, place brush in hand, switch on warm water initially," suggests staff know what works. Assignment sheets tell you who is supposed to be where. If the unit can not produce them, or they change every day, consistency is probably lacking.

Training records matter, but so does the way personnel talk about training. New works with ought to finish dementia-specific training before they work separately with residents. Continuous in-services should be interactive, not simply video modules. When I ask an assistant about the last training they participated in, the ones in strong programs can remember the subject and an example of how they utilized it on the floor.

Activities that are not window dressing

Engagement is a safety tool. A resident who is meaningfully occupied is less likely to wander or withstand care. Try to find activities that match cognitive and physical abilities, not a one-size-fits-all calendar. Early morning workout groups that consist of range-of-motion, afternoon tasks that mirror familiar roles like folding towels or arranging hardware, and night routines that unwind stimulation make a difference.

I ask who designs the program. A full-time life enrichment director with dementia care experience can customize activities far much better than a turning cast of well-meaning helpers. Ask how they adjust for locals with advanced illness who can not participate in groups. Individually sensory sets, music customized to personal history, and hand massages are not frills. They keep residents calm and lower dependence on medication.

Respite care as a test drive

Respite care, a short stay in a memory care unit, is an underused tool for assessment. A three to fourteen day stay can reveal you how your individual responds to the environment, how the team adapts, and how communication flows. It also provides the system an opportunity to adjust the strategy before a long-term move. If a community withstands respite due to the fact that it is "too disruptive," that informs you something about their flexibility.

During respite, look for the small things. Do they track sleep and cravings day by day and share a summary when you get your person? Did they ask you for your person's routines, food likes and dislikes, and chosen clothes? Those details forecast success.

Trade-offs between big and small settings

There is no single finest model. Little homes with ten to sixteen citizens can deliver remarkable consistency and quieter days. Personnel find out everybody quickly, and management becomes aware of problems quickly. The disadvantage is depth. If two personnel call out, protection can get thin. Bigger communities might use more activities, on-site treatment, and a dedicated nurse on each shift. They also can feel busier and less personal. Choose which risks you are more ready to manage.

Budget affects staffing. High-fee communities can afford more staff per resident and more training hours, however cost does not guarantee quality. I have seen mid-priced neighborhoods outperform luxury structures since the leadership group worked the flooring, repaired issues at the root, and built a steady personnel culture.

Family involvement and interaction style

You want a community that deals with households as partners. That does not indicate continuous gain access to or micromanagement. It means predictable updates, fast actions to issues, and invites to care plan conferences that are more than rule. I ask to see how they interact routine updates. Some utilize weekly e-mails with highlights and images, others arrange fast phone check-ins after noteworthy modifications. Either can work if it is reliable.

The tone utilized when discussing obstacles matters. If a director blames the resident for behaviors, or the family for "not informing us," I stop briefly. If they talk to curiosity about what triggers a habits and invite you to teach them, that is the mindset you want.

Questions that reveal how the location truly runs

- On your busiest day last month, how did you adjust staffing on this system, and who made that call?
- Can I see an example of an existing care plan for someone with comparable requirements to my person, with individual choices included?
- When a resident falls, what actions do you take before the next shift gets here, and how do you alter the strategy within 24 hours?
- How many hours of dementia-specific training do new hires total before working individually, and what does the ongoing training calendar look like?
- On nights, who is physically present on the unit, how many homeowners do they cover, and how typically are rounds done?

A practical playbook for your visits

- Visit as soon as throughout a weekday early morning, once without a consultation at shift modification, and as soon as at night or night if allowed.
- Ask to see assignment sheets for the present day and last weekend, and note how many names repeat on the very same halls.
- Eat a meal in the dining room, then ask a staff member to reveal you where adaptive utensils and thickening representatives are stored.
- Request a short, de-identified example of a fall evaluation and what altered later, then try to find that modification on the unit.
- Before you leave, ask the highest-ranking nurse on responsibility about a current infection control challenge and how the group dealt with it.

How to weigh what you learn

No single information point decides. You are building a photo. If the system is pristine but the night staffing is thin, can they change? If the ratio is good however turnover is high, what is the leadership doing to support? If the activity calendar looks complete but most residents appear disengaged, how will they customize the plan for your individual? Utilize your notes to sort findings into fixable gaps versus cultural red flags.

Fixable gaps consist of missing out on grab bars in one bathroom, a training subject that is due for refresh, or irregular use of adaptive utensils. Cultural red flags include leaders who can not address fundamental concerns about their residents, a protective position about incidents, or persistent dependence on company staff without a plan to recruit and retain.

Bringing it back to your person

All the basic advice matters less than the fit for the individual you love. If your mother was a teacher who flourished on a schedule, a system with clear routines and morning activities may match her. If your partner walks miles a day and gets uneasy indoors, a community with a protected courtyard and staff who know how to stroll with function is more secure than any keypad.

Strong memory care is not just about avoiding damage. It is about allowing a great day typically. When security and staffing collaborate, locals sleep better, eat more, argue less, and smile more. That is what you are shopping with your trust and your dollars. Take your time, ask the hard concerns, and listen for the responses under the answers. The best place will invite that level of analysis since it is how they run every day.

Finally, bear in mind that lots of households start with respite care or part-time assistance like adult day programs to transition more gently. Senior care is a continuum. If you need to bridge the gap while you decide, inquire about short stays or respite choices that let both your person and the team learn what works. Thoughtful dementia care aspects that families are making modifications under pressure and gives them room to make the best option, not the fastest one.

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](#) 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](#), visit their website at <https://beehivehomes.com/locations/levelland/>, or connect on social media via [Facebook](#) or [YouTube](#)

Residents may take a trip to [Noemi's Place](#) . Noemi's Place offers a welcoming local dining experience where residents in assisted living, memory care, senior care, and elderly care can enjoy meals with loved ones or caregivers as part of comfortable and meaningful respite care outings.