

**Business Name:** BeeHive Homes of Andrews

**Address:** 2512 NW Mustang Dr, Andrews, TX 79714

**Phone:** (432) 217-0123

## BeeHive Homes of Andrews

Beehive Homes of Andrews assisted living care is ideal for those who value their independence but require help with some of the activities of daily living. Residents enjoy 24-hour support, private bedrooms with baths, medication monitoring, home-cooked meals, housekeeping and laundry services, social activities and outings, and daily physical and mental exercise opportunities. Beehive Homes memory care services accommodates the growing number of seniors affected by memory loss and dementia. Beehive Homes offers respite (short-term) care for your loved one should the need arise. Whether help is needed after a surgery or illness, for vacation coverage, or just a break from the routine, respite care provides you peace of mind for any length of stay.

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2512 NW Mustang Dr, Andrews, TX 79714

### Business Hours

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

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The word "independence" suggests something very different at 82 than it does at 32. It stops being about profession or travel, and starts having to do with really concrete questions: Can I shower securely? Who assists if I fall in the evening? Do I get to select what I eat? Can I go outside when I want?

Over the past two decades dealing with households and older adults, I have watched those questions play out in living rooms, medical facility discharge offices, and care plan meetings. Again and again, I have seen smaller senior neighborhoods do something that bigger settings battle with. They maintain a person's sense of self while still supplying the structure and support [respite care](#) of assisted living and other kinds of senior care.

This is not about store high-end. Some of the most empowering environments I have seen are modest, certified homes with 8 or 12 homeowners, run by individuals who know every member of the family by name. Size alone is not magic, however it develops chances that are much harder to duplicate in a building with 120 apartments.

This article takes a look at how and why small senior communities can support real independence in elderly care, where the benefits are real, and where families still need to be cautious.

## What "self-reliance" in fact implies in later life

Families often call me stating, "We desire Mom to remain independent as long as possible." When we dig into it, what they suggest splits into 3 layers.

First, there is practical independence. Can she dress, move the home, manage her medications, and utilize the restroom without full hands-on help? Second, there is decision-making independence. Does she still choose her daily routine, clothes, diet, and social life, even if she needs assistance performing those decisions? Third, there is emotional self-reliance: the feeling of being a person who contributes and belongs, instead of a passive recipient of help.



Large senior care systems focus heavily on the very first layer, due to the fact that it is easy to measure. The number of "activities of daily living" do we assist with? The number of falls did we prevent? Those metrics matter. However the other 2 layers are where quality of life lives or dies.

Small senior neighborhoods, when they are run well, protect those 2nd and third layers in very useful ways.

## The scale distinction: why small feels different

I typically ask families to visualize a typical big-box assisted living structure. Long carpeted halls. A central dining-room that appears like a hotel restaurant. Activity calendars printed weeks in advance. A nurse on one floor, med techs dividing up their cart, caretakers working a hallway each.

Now photo a 10-bed residential home, or a 25-resident lodge-style neighborhood. Citizens stroll past the cooking area on the way to the garden. The caregiver cooking lunch also advises Mrs. Ellis about her afternoon physical treatment. The activities are not just what is printed on a schedule, but what emerges from conversation at breakfast.

That distinction in scale changes how self-reliance can be supported in a number of ways.

In a smaller neighborhood, staff-to-resident ratios are often lower, specifically during the day. It is not uncommon to see 1 caretaker for 5 to 8 citizens in awake hours, compared to ratios that can easily stretch to 1 to 12 or more in larger structures. Ratios differ by state and service provider, however the pattern is consistent: fewer homeowners per employee means personnel can wait an additional 30 seconds while a resident struggles with buttons, instead of actioning in just to keep the schedule moving.

Schedules themselves also shift. In a large assisted living facility, having 70 people pertain to breakfast requires rigorous timing. If you let six individuals sleep late, the whole maker bogs down. In a 10-bed home, the "schedule" can flex without mayhem. That allows individual waking times, slower mornings, and significant choice about when to shower or consume, all of which support a sense of autonomy.

Finally, familiarity develops faster. In a small neighborhood, the day-shift caregiver generally knows that Mr. Patel will not take his pills till he has had his chai, or that Mrs. Lewis requires a short walk before sitting in the dining room. Anticipating those preferences indicates staff can weave support around a person's existing routines, rather than asking the resident to adapt to the center's routines.

## **Assisted living in a small-scale setting**

Assisted living is a broad label. On paper, both a 120-apartment complex and an 8-bed residential care home might be licensed as assisted living in an offered state. From the resident's lived experience, they can seem like 2 various worlds.

In a smaller assisted living setting, standard supports like bathing, dressing, transfers, and medication management tend to happen in a more conversational, less rushed method. I keep in mind a resident, a retired mechanic called Expense, who moved from a large community to a small 14-bed home after repeated falls. In the larger setting, his morning routine was 15 minutes long since the staff needed to move down the hallway on a tight schedule. At the smaller home, the caregiver integrated in time to ask Costs about the old Chevy he once owned while assisting him shave. The actual tasks were the exact same. The difference was speed and attention, which made Bill more happy to attempt jobs himself instead of deferring everything to staff.

Another benefit of small assisted living communities is environmental. Shorter ranges suggest a resident with moderate mobility issues can still browse from bedroom to living room without a wheelchair. Fewer doors and crossways decrease confusion for people with early dementia, which can enable more independent roaming within safe boundaries.

There are trade-offs. Smaller neighborhoods generally can not offer the same series of on-site amenities as a larger building. You will not find a full health club, a movie theater, and three dining places under one roof. Access to on-site physical therapy, laboratory draws, or going to specialists may depend upon outside service providers coming in on set days. For highly social, extroverted citizens who prosper on large group activities, a small home might feel too quiet.

What I inform households is this: assisted living is not a single product. It is a spectrum. Small senior neighborhoods sit on the end of that spectrum that focuses on customization over scale. They are especially suited for older grownups who value routine, familiarity, and one-to-one interaction more than having a long facilities list.

## **Independence within memory care**

Dementia alters the independence equation, but it does not eliminate it. Individuals dealing with Alzheimer's disease or other dementias still have preferences, habits, and a core character, even as their short-term memory fades.

Large, protected memory care systems can supply a safe environment, however I have seen lots of homeowners end up being more passive simply since the environment is overstimulating. A lot of individuals, excessive noise, and constant personnel turnover can press someone with dementia into withdrawal or agitation.

Small memory care neighborhoods, sometimes called "memory care cottages" or "protected residential care homes," can better simulate a home environment. Locals see the same staff deals with day after day, which lowers anxiety. Staff, in turn, learn everyone's "tells" for discomfort much quicker. That implies they can action in early with redirection or peace of mind, before behavior escalates into screaming or wandering.

Interestingly, small settings can also enable more liberty of motion within protected boundaries. A single-level home with a fenced garden and circular walking path lets an individual with dementia walk independently without constantly being accompanied. In a big, multi-corridor system, personnel might feel compelled to keep homeowners closer to the nurses' station just to monitor everyone, which shrinks the resident's range of motion.

However, smaller memory care programs are not instantly better. Quality depend upon training and management. I have actually strolled into tiny dementia homes where staff had little official dementia training, relying instead on "what we have always done." In those settings, self-reliance can be unintentionally cut by overprotection, such as not letting locals utilize utensils due to the fact that of one past occurrence, or doing all personal care jobs "for security" instead of grading assistance.

Families ought to ask really particular questions about how a small memory care neighborhood balances safety and self-reliance:

- How do you decide when to step in and when to let a resident try out their own?
- Can you give an example of a resident who regained some ability after moving here?
- How do you deal with citizens who like to stroll or pace?

The responses will tell you more than any brochure.

## **The role of respite care in supporting independence at home**

Short-term respite care is among the most underused tools in elderly care. Many family caregivers wait up until they are on the edge of burnout to try to find help, and already, every alternative feels like defeat.

Respite care in a small senior neighborhood can serve 2 functions. Initially, it gives the caretaker a break, which is the obvious function. Second, it quietly expands the older grownup's world without forcing a permanent move.

Consider a child caring for her father, who has moderate movement issues and moderate cognitive problems. She wants to keep him home, however she likewise stresses over what would occur if she got sick or required surgical treatment. Reserving a week or 2 of respite care in a small assisted living home permits both of them to "test-drive" communal senior care in a low-pressure way.

Because the setting is small, personnel can take note of the father's routines from the first day. Where does he like to sit? Does he prefer tea or coffee? How much cueing does he need to bear in mind his walker? When the daughter returns, she typically receives particular observations, such as "He can walk to the bathroom individually in the evening if we leave the hallway light on" or "He did better with his medications when we switched to a pill organizer with images instead of times."

Those information assist keep and even increase his independence at home. Respite care becomes not simply a break, however a source of information and methods that can be transferred back into the home setting.

In bigger centers, respite locals can in some cases feel like "add-ons" to a system built around long-term citizens. In small communities, short-term visitors are normally simpler to incorporate, which lowers the sense of disturbance and makes it more likely that respite will be utilized proactively, not as a last resort.

## **How small neighborhoods customize daily life**

True independence lives in the small, recurring options of daily life, not just in care strategies. This is where small neighborhoods frequently shine.

Meals are an obvious example. In lots of big assisted living communities, menus are set centrally, with limited ability to deviate. There may be an "constantly offered" menu, but cooking area staff cook for dozens or hundreds at once. In a small home with a working kitchen, meals can be adapted in real time. If three homeowners suddenly choose they want oatmeal instead of rushed eggs, that is manageable. If someone has constantly consumed a late breakfast, personnel can easily accommodate without shaking off a business kitchen area operation.

The very same versatility applies to activities. In a small senior care environment, Tuesday early morning does not need to be "chair yoga" since the leaflet says so. If residents are more interested in tending the tomatoes that day, the staff member leading activities can pivot. This fluidity helps residents feel they are shaping their days, not just being slotted into pre-determined programs.

One of the more subtle advantages is how small neighborhoods deal with "rejections." In a big center, if a resident repeatedly declines group activities or showers, it is simple for staff to record the rejection and move on, especially when time is tight. In a small home, staff notice patterns faster and have more opportunity to try alternative techniques: altering the time, changing the environment, or including a different employee whom the resident trusts.

Over time, these micro-adjustments enable locals to get involved more on their own terms, which protects a sense of self-direction even when assistance requires grow.

## **Safety without overprotection**

Families typically feel torn between security and self-reliance. They fear that a fall or medication mistake would be catastrophic, but they likewise do not wish to see their loved one "wrapped in cotton wool."

In practice, overprotection can be simply as harmful as underprotection. If every danger is eliminated, muscle strength declines, self-confidence deteriorates, and the individual can lose abilities they may have preserved for years.

Small communities, since they have less residents to monitor and a more intimate physical layout, are often much better at practicing what geriatricians call "dignity of threat." They can permit a resident to stroll in the garden unescorted, for example, since the garden is smaller, personnel sightlines are great, and exits are managed. They can let a resident put their own coffee even if it in some cases spills, because a single dining room table is simpler to monitor and tidy than a big restaurant-style dining room.

At the exact same time, small size permits faster intervention when security truly is at stake. I have seen staff in small neighborhoods capture early urinary system infections simply because they notice subtle habits changes over breakfast in a group of 10 people, changes that would quickly be lost among sixty.

Independence here is not about letting people "do whatever they desire." It has to do with matching assistance to actual danger, not imagined worst-case scenarios, and changing that balance continuously.



## Family involvement and transparency

Families frequently inform me they feel more "in the loop" with smaller senior care companies. Part of this is simply fewer layers. There is typically no intricate management hierarchy. The nurse or administrator you satisfy on the tour is the very same individual who will call you when your mother's appetite changes.

This direct contact makes it much easier to line up on what self-reliance implies for a specific individual. Suppose a resident has actually always taken pride in ironing their own t-shirts. A small neighborhood can realistically state, "We will set up the ironing board in the typical area twice a week and supervise from close-by." In a big building with rigorous housekeeping protocols, that demand might get lost or declined on liability grounds.

Because households are speaking straight with decision-makers, they can work out these trade-offs more concretely. I have actually sat at kitchen tables in small homes going over whether Mr. Johnson can continue utilizing his electrical razor individually, under what conditions, and with what backup plan if his dementia gets worse. That kind of nuanced, evolving contract is much more difficult to sustain when interaction runs through multiple business channels.

Of course, the other side is that smaller operations vary more in elegance. Some do not use electronic health records or formal family websites. Communication might rely heavily on call and in-person visits. For some households, especially those living at a range, this can be a downside compared with the more systematized updates from a large provider.

## When small is not the best fit

It is essential not to glamorize small senior neighborhoods. They are not always the ideal answer.



A resident with very intricate medical requirements, such as regular intravenous medications, vent care, or unstable heart conditions, may be much better served in a nursing home or a hospital-based system with on-site physicians and 24/7 signed up nurses. A lot of small assisted living or residential care homes are not equipped for that level of competent nursing, and being sensible about this protects both the resident and the staff.

Similarly, some older adults really thrive on big crowds and a continuous stream of brand-new faces. A previous teacher who always ran big classrooms may choose the energy of a large assisted living facility, with several concurrent activities, a full lecture series, and lots of peers to satisfy. A 10-bed home may feel too small, like being "stuck at a dinner celebration that never ends," as one resident when told me.

Families likewise need to think about logistics. Small neighborhoods may be found in residential neighborhoods, which is charming for walks but can be inconvenient for public transportation. Parking, checking out hours, and access to neighboring hospitals ought to factor into the decision. If the crucial family decision-maker lives 40 miles away and can only visit on weekends, a slightly bigger neighborhood closer to their home might allow more constant participation, which is itself a form of support for the resident's independence.

Finally, small companies, especially stand-alone operations, can be more susceptible to ownership changes or financial stress. Asking about licensing history, examination reports, and contingency plans if the owner becomes ill is not paranoia; it is due diligence.

## **Practical indications a small neighborhood really supports independence**

Families frequently ask how to inform whether a specific small neighborhood really walks the talk. Sales brochures and sites all promise "person-centered care" and "self-reliance."

Here are 5 really concrete signs I motivate individuals to try to find during trips and discussions:

1. Residents are doing things, not simply being done for. Search for people putting their own beverages, folding laundry if they choose, or walking around on their own, rather than everyone being parked in front of a television.
2. Staff talk about individuals, not "our homeowners" as a blob. When you ask about somebody with dementia, do you hear, "He likes to rate after lunch, so we stroll with him," or just, "He tends to roam"?
3. Flexibility is visible in the environment. Check whether there are small seating areas for various choices, not simply one huge room. Peek at the kitchen area. Does it appear like a space where real cooking occurs for a small group, or like a closed, industrial operation?

4. The care strategy is referred to as adjustable. Ask how often they adjust support levels and who is involved.  
Good communities will speak about consistent small tweaks based on observation.
5. Families can explain particular methods staff honored their loved one's routines. If you satisfy another member of the family, ask what daily option or regular the neighborhood has actually protected for their relative.

Independence in elderly care is not a motto. It shows up in numerous small choices throughout the day. Small senior neighborhoods, by virtue of their scale and structure, are particularly well suited to making those choices noticeable and negotiable.

## **Pulling it together: independence as a shared project**

When you remove away the marketing language, senior care is truly about working out modification: modifications in health, in capabilities, in relationships and functions. Independence does not mean resisting those modifications. It suggests participating in them, instead of being brought along passively.

Small senior neighborhoods create conditions that make such involvement practical, for three main reasons. Initially, staff know residents all right to find both strengths and vulnerabilities. Second, routines can bend without breaking the system. Third, communication lines between homeowners, households, and personnel are much shorter, so modifications can take place quickly.

Assisted living, respite care, and memory care all look different within that context. But the underlying dynamic is the same: a shift from "care provided to an unit" toward "support woven around a person."

For families examining choices, the essential question is not "Big or small?" in the abstract. It is, "In this specific location, with these specific people, how will my relative's options be appreciated, supported, and changed in time?"

If a small senior neighborhood can answer that clearly, back it up with daily practice, and stay honest about when a greater level of care is needed, it can become far more than a location to live. It can be the setting where independence, in all its late-life types, is not just maintained but often rediscovered.

BeeHive Homes of Andrews provides assisted living care

BeeHive Homes of Andrews provides memory care services

BeeHive Homes of Andrews provides respite care services

BeeHive Homes of Andrews supports assistance with bathing and grooming

BeeHive Homes of Andrews offers private bedrooms with private bathrooms

BeeHive Homes of Andrews provides medication monitoring and documentation

BeeHive Homes of Andrews serves dietitian-approved meals

BeeHive Homes of Andrews provides housekeeping services

BeeHive Homes of Andrews provides laundry services

BeeHive Homes of Andrews offers community dining and social engagement activities

BeeHive Homes of Andrews features life enrichment activities

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

BeeHive Homes of Andrews promotes frequent physical and mental exercise opportunities

BeeHive Homes of Andrews provides a home-like residential environment

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

BeeHive Homes of Andrews assesses individual resident care needs

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

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

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

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

BeeHive Homes of Andrews has a phone number of (432) 217-0123

BeeHive Homes of Andrews has an address of 2512 NW Mustang Dr, Andrews, TX 79714

BeeHive Homes of Andrews has a website <https://beehivehomes.com/locations/andrews/>

BeeHive Homes of Andrews has Google Maps listing <https://maps.app.goo.gl/VnRdErfKxDRfnU8f8>

BeeHive Homes of Andrews has Facebook page <https://www.facebook.com/BeeHiveHomesofAndrews>

BeeHive Homes of Andrews has an YouTube page <https://www.youtube.com/@WelcomeHomeBeeHiveHomes>

BeeHive Homes of Andrews won Top Assisted Living Homes 2025

BeeHive Homes of Andrews earned Best Customer Service Award 2024

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

## **People Also Ask about BeeHive Homes of Andrews**

### **What is BeeHive Homes of Andrews Living monthly room rate?**

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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?**

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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 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?**

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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 Andrews located?

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BeeHive Homes of Andrews is conveniently located at 2512 NW Mustang Dr, Andrews, TX 79714. You can easily find directions on [Google Maps](#) or call at [\(432\) 217-0123](#) Monday through Sunday 9:00am to 5:00pm

## How can I contact BeeHive Homes of Andrews?

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You can contact BeeHive Homes of Andrews by phone at: [\(432\) 217-0123](#), visit their website at <https://beehivehomes.com/locations/andrews/>, or connect on social media via [Facebook](#) or [YouTube](#)

Visiting the [Lakeside Park](#) Lakeside Park offers a calm setting with water views suitable for assisted living and elderly care residents enjoying gentle respite care outings.