

Business Name: BeeHive Homes of Collierville

Address: 1368 Wolf River Blvd, Collierville, TN 38017

Phone: (901) 286-3455

BeeHive Homes of Collierville

At BeeHive Homes of Collierville, Tennessee, we offer the finest assisted living and memory care experience available in a cozy, comfortable homelike 21 bedroom setting. Each of our residents has their own spacious room with an ADA approved bathroom and shower. We prepare and serve delicious home-cooked meals three times a day every day. We maintain a small, friendly elderly care community. We provide regular activities that our residents find fun and contribute to their health and well-being. Our staff is attentive and caring and provides assistance with daily activities to our senior living residents in a loving and respectful manner. We invite you to tour and experience our assisted living home and feel the difference.

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1368 Wolf River Blvd, Collierville, TN 38017

Business Hours

- Monday thru Sunday: Open 24 hours

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Choosing a memory care house is not a spreadsheet choice. Families get here with complicated stories, half-packed boxes, and a mix of hope and concern. A child has actually been doing the night shift for months because her mom wanders and rearranges the pantry at 3 a.m. A partner requires safe bathing and medication oversight, but still wants to garden and hear Sinatra at lunch. Excellent memory care includes both reality and self-respect. The hard part is discriminating between a refined brochure and a place that can bring your loved one through the long arc of dementia care.

What follows originates from several years of strolling families through admissions, care plan conferences, and, yes, difficult moves when a house was not the right fit. Utilize these insights to frame what you see and what you ask. The objective is not perfection, it is a match that keeps your individual safe, engaged, and seen.

Start with your individual, not the building

Write down the handful of things that define your loved one's days. Early morning regimens, preferred foods, how they handle change, what soothes them during agitation. Include the real care requirements: assistance with bathing or dressing, continence assistance, diabetes management, hearing loss, a history of falls, or a tendency to leave your house unexpectedly. Layer in the less noticeable truths such as fear, hallucinations, or durations of passiveness. Memory care is not interchangeable; some houses excel with exit-seeking citizens, others shine with those who are physically frail however socially oriented.

Two quick examples assist sharpen the lens. A previous engineer who likes tools may do well in a neighborhood that runs small-group workshops with safe, purposeful jobs. A retired instructor with expressive aphasia requires staff who understand nonverbal cues and do not push for words throughout meals, when overwhelm peaks. When you tour, you are listening for these fits, not simply square footage.

What quality memory care really means

Marketing language typically blurs the difference between senior care in basic and specific dementia care. Look past the slogans and ask for specifics on philosophy and practice. A strong program is developed around predictable rhythms, proficient staff, and versatile reactions to habits changes.

Training is a beneficial proxy. Ask how many hours of dementia-specific education personnel receive at hire and every year. In many states, the regulatory minimum is modest, in some cases under 8 hours for onboarding and 4 to 12 hours each year. Neighborhoods that invest tend to provide 16 to 24 hours at hire plus refreshers on interaction, de-escalation, and a person-centered technique. Ask who teaches it. A nurse educator or a credentialed dementia care expert signals more depth than a generic online module.

Staffing ratios inform only part of the story. You may hear numbers like one caretaker to 6 homeowners in the day and one to eight during the night. Ratios differ by state and skill level. What matters more is whether there is certified nurse coverage on-site or on-call, and whether there corresponds staffing by neighborhood so citizens see familiar faces. Connection reduces agitation and makes subtle health changes much easier to spot. Ask how often personnel rotate in between memory care and the broader assisted living floors. High rotation frequently associates with residents being treated as jobs instead of people with histories and preferences.

Policies around behavior matter too. A house that utilizes antipsychotics as a first-line fix for exit-seeking or sundowning is not practicing modern-day dementia care. Search for non-pharmacologic strategies such as calm spaces, music intervention, and structured activity before medication. When medications are needed, you desire a clear process with physician oversight and routine taper attempts.

Clinical truths that shape the fit

Alzheimer's disease is the most common reason for dementia, however not the only one. Lewy body dementia, vascular dementia, frontotemporal dementia, and combined diagnoses appear with different patterns. If you are seeing visual hallucinations, changing alertness, or REM sleep condition, personnel require experience with Lewy body. If speech and impulse control are the difficulties, frontotemporal dementia requires an environment that can tolerate hard moments without punitive responses.

Comorbidities include complexity. Cardiac conditions, COPD, chronic kidney illness, and insulin-dependent diabetes call for tighter nursing oversight and dependable coordination with outside clinicians. Communities manage medication management in a different way. Some pull blister packs from a contracted pharmacy and administer on a schedule; others allow family-supplied medications, with tighter documents. Both can work, but the system must be dependable. I look for single-dose product packaging, electronic med administration records, and a nurse who can describe how they handle refused medications, missed out on doses, and negative effects tracking.

Hospice and palliative services are worth inquiring about early, even if you do not need them yet. Numerous memory care locals ultimately gain from hospice for symptom management and additional support. You desire a neighborhood that partners efficiently, not one that deals with hospice as an inconvenience.



Safe, calm, and accessible spaces

You can inform a lot about a memory care area by how homeowners utilize the space. Look for clear sightlines, short hallways, and visual hints that help with orientation. Soft, indirect lighting makes a practical difference in late afternoon when glare and shadows can activate misperceptions. Handrails should be constant and easy to grip. Restrooms that can be gotten in from 2 sides lower congestion throughout morning care, and shower rooms need to be warm and well lit to reduce resistance.

Wandering is not naturally hazardous. Hazardous roaming is. Controlled exits, unobtrusive door alarms, and protected outside yards allow motion without threat. I like to see a minimum of one looped walking course indoors with resting spots every 30 to 40 feet. Seating must be tough and varied in height. If you find chairs that look nice however slide on tile or tuck under too firmly for a person with limited depth perception, the space was created for staging images, not people.

Kitchens and dining rooms should have attention. Family-style plating, supportive utensils, and smaller dining-room decrease overwhelm. If you observe a meal, watch whether staff sit at eye level and hint subtly, or whether they dominate citizens and rush. You can feel the difference.

Life enrichment that respects adulthood

Activities matter, however not calendars stuffed with generic crafts. Genuine engagement comes from matching staying abilities to significant tasks. An excellent program balances little groups with one-on-one time, and it runs seven days a week, not just on weekdays. Morning routines might include coffee-and-headlines for those who like structure, while afternoons might lean into music, strolls, and sensory stations to aid with sundowning.

One house I deal with keeps a shadowbox outside each space with photos and items from a resident's life. Personnel utilize it as a conversation bridge throughout transitions. Another established a peaceful pastime nook with bolts, washers, and sanded wood blocks. Citizens who fidget or pick at clothes often settle into balanced sorting. These are not childish jobs; they are purposeful, tuned to cognition and motor abilities. Ask to see care plans that tie a resident's history to their everyday schedule. If the plan is a generic design template, expect generic days.

Leadership, supervision, and the night shift

The finest memory care floors have leaders who show up. Does the nurse or program director walk the unit numerous times a day, or are they buried in an office? Ask how often care conferences are held and who attends. A robust meeting consists of the nurse, a care aide who in fact deals with your loved one, the life enrichment lead, and, when required, the dining or treatment team. If you hear that care conferences are done by phone with generic notes, it is more difficult to move the needle on useful concerns like bathing rejections or weight loss.

Overnight care is where good programs identify themselves. Nights are when delirium, respiratory issues, and stress and anxiety surge. There should be awake staff all night, with clear rounding schedules and documentation. If there is no licensed nurse on-site, ask how the neighborhood manages a fall, a blood glucose of 45, or an acute modification in breathing at 2 a.m. One structure I appreciate keeps a focused emergency situation package on the unit and trains all personnel quarterly on first action while awaiting EMS. That sort of preparation hardly ever appears in brochures.

Costs, contracts, and what "all inclusive" actually means

Sticker shock is typical. Throughout the United States, regular monthly rates for memory care frequently vary from the low \$5,000 s to over \$10,000, depending on location and skill. Pricing designs vary. Some neighborhoods utilize levels of care, with base rent plus tiered costs for assistance. Others guarantee an extensive rate, which sounds soothing up until you discover what sits outside that umbrella: incontinence products, cable television, escorts to medical appointments, or habits management plans.

Expect an annual increase, typically 3 to 8 percent, often more. Clarify how increases are interacted and whether there are caps. Move-in charges prevail, normally a one-time charge that covers initial assessment and setup. If you are considering respite care as a trial stay, ask if the everyday rate can be credited toward the very first month if you convert to a permanent move.

For families thinking ahead to Medicaid, timing is delicate. Some memory care residences are private pay only. Others accept Medicaid but have long waitlists or restrict the number of Medicaid beds. If veterans benefits may use, a regional Veterans Service Officer can approximate eligibility for Aid and Attendance, which can balance out a number of hundred to more than a thousand dollars per month.

A short guide to the money conversation can help you cut through jargon.

- What precisely is included in the base rate, and what are the common add-on charges over the very first year?
- How are care levels figured out, and who makes the decision to move someone to a higher level?
- What is the existing average out-of-pocket expense for homeowners with needs comparable to my loved one's?
- If behavior assistance or one-to-one supervision is needed, how is that billed, and for how long?
- Do you accept Medicaid after a private-pay period, and if so, how long is that period and are Medicaid areas guaranteed?

How to tour with your eyes and ears open

Call a minimum of two residences and schedule tours at different times of day. Strategy one throughout a meal, another in late afternoon, when sundowning can check a program's guts. When you show up, do not just follow

the route the sales director recommends. Ask to walk the memory care flooring, peek into typical spaces, and, if suitable, observe an activity for a few minutes.

Use a compact checklist to arrange what you notice.

- Staff speak to citizens by name, wait for eye contact, and kneel or sit to be at their level.
- Hallways and typical rooms feel calm, with purposeful noise, not blasting televisions.
- You see residents doing things other than sitting: folding towels, watering plants, strolling with staff.
- Odors are neutral; if you catch a strong odor, check once again 15 minutes later to dismiss a short-term issue.
- Call lights or motion sensors do not sound for long; personnel respond within a few minutes.

Go with your instincts, however back them with concerns. [memory care BeeHive Homes of Collierville](#) If the tour route prevents a wing or the director dismisses interest in unclear reassurances, keep probing. I when visited a structure with shiny art on the walls and an ideal courtyard. The dining-room looked staged. In the hall, I observed a resident attempting to open a locked door, no staff in sight. After three minutes, a care aide hurried over, winded. Too couple of individuals for too many locals. We passed.

Respite care as a low-risk trial

A short respite stay can be a wise way to evaluate the fit. Lots of communities use one to 4 weeks of respite care in a furnished suite, with complete access to memory care shows. Households often utilize respite throughout a caretaker's travel or healing from surgical treatment, however it likewise works as a sensible preview of how a loved one will settle. Staff can observe sleep patterns, medication tolerance, and triggers without the pressure of a permanent move. You discover whether your individual warms to the dining-room or withstands communal areas, and you can adjust the plan accordingly.

If you try respite, pack familiar bed linen, label clothes, and bring a few personal products that can stimulate acknowledgment: a baseball cap, a framed wedding event image, a preferred cardigan. Provide a simple profile card with key realities and relaxing methods. The team will use it more than you expect.

Communication, authorization, and household involvement

Memory care goes best when families and staff function as partners. Ask how the neighborhood interacts routine updates and immediate modifications. Some utilize protected apps with daily notes and photos, which can be valuable for far-off relatives. Others count on weekly calls or email summaries. The more complex your loved one's requirements, the more you want direct lines to the nurse and the program director, not just a general voicemail.

Documents matter. Make certain health care proxies, powers of lawyer, and advance regulations are in place and on file. If numerous brother or sisters share decision-making, clarify who can provide day-to-day permission for medication modifications or health center transfers. Disagreements sluggish care at the worst moments.

Look for a family council or regular education nights. Excellent communities invite families to learn about dementia care methods, not just go to holiday parties. If the structure tolerates family drop-ins at different hours and welcomes you at meals or activities, it is much easier to stay linked without hovering.

Red flags worth heeding

No single concern disqualifies a residence, however a cluster of patterns should provide you stop briefly. High staff turnover over lots of months typically spills into care spaces. If you hear 3 various variations of the medication procedure from 3 individuals, the system is delicate. Look for a punitive tone about residents. Phrases like "they're tough" or "we do not do that here" signal rigidity.

Be wary of communities that assure they can manage any habits. No house can, and honest leaders will describe their thresholds for outside psychiatric consults, short-term one-to-ones, or hospital assessments. Transparency about limits normally associates with much better everyday issue solving.

Moving day and the very first thirty days

Moves are stressful for individuals with dementia. Prepare for a morning arrival when possible, so your loved one can settle in the past evening. Keep the environment calm. Too many member of the family in the space can overwhelm. Let staff lead, and march if your existence escalates distress. Location identifiable items in sight: the afghan at the foot of the bed, slippers by the chair, household images at eye level.

Expect a duration of adjustment. Hunger may dip for a week or two. Sleep might be irregular. Some citizens test boundaries or attempt to leave. This does not indicate the positioning is wrong. It does suggest the team must satisfy early to compare notes and adjust. 2 examples from recent moves: one resident stopped eating lunch till the cooking area offered smaller sized, more frequent treats with finger foods. Another became combative at showers, which enhanced after moving bath time to mid-morning with warmer rooms and a preferred playlist.

Ask for a 30-day care conference. Review weight, mood, engagement, and any incidents. Agree on goals for the next month. Keep interaction succinct and factual. If you are not getting updates, request a weekly check-in call for the very first six weeks.

A brief case from practice

Mr. R, 82, a previous mail carrier with mixed Alzheimer's and vascular dementia, lived with his kid. He roamed at night and resisted bathing, but enjoyed coffee and early morning strolls. 2 trips left the child cold. The first had a dynamic calendar however felt loud and fast. The second was peaceful, but the building smelled of disinfectant and citizens sat dealing with a TV.

They attempted a two-week respite care stay at a 3rd home with a little, light-filled memory care unit. The director set up Mr. R for an early morning strolling group and seated him with two men who had actually been tradespeople. Personnel learned to hint showers by handing him a warm towel and mentioning an early morning path, which anchored him in a familiar routine. After day nine, his sleep combined. The child felt relief for the first time in a year. They transformed to irreversible residency, and the neighborhood folded hospice in with dignity 18 months later when his heart failure advanced. This was not a best run. He fell two times without injury and had a short medical facility stay for pneumonia. What mattered was the group's responsiveness and the constant fit with his habits.

When a greater level of care is right

Some homeowners ultimately need proficient nursing or a dedicated behavioral health setting. Indications consist of unchecked aggression that puts others at risk, severe swallowing issues requiring constant knowledgeable oversight, complex injury care, or frequent hospitalizations that overtake the house's nursing capacity. A reputable memory care community will assist you assess the move and coordinate handoffs with

accurate records and practical assistance about what to expect next. Moving is hard, however the ideal environment at the correct time lowers suffering.

Final thoughts and a practical course forward

You do not require to resolve everything today. Aim for a step-by-step process that stabilizes head and heart. Start with clearness about your loved one's needs and preferences. Narrow to 3 memory care choices that vary in size or approach. Visit at least two times, consisting of one mealtime. Ask pointed questions about staffing, training, medical oversight, and expenses. Consider respite care as a trial if you are unsure. When you choose, support the transition with familiar items, simple regimens, and constant communication.



Most families discover that great memory care is not about features. It has to do with personnel who know that your dad eats much better if he hears Ella Fitzgerald, or that your mom softens when inquired about her garden. It has to do with routines that seem like life, not a schedule. And it has to do with having partners who can browse the unforeseeable roadway of dementia care with patience, skill, and respect.

BeeHive Homes of Collierville provides assisted living care

BeeHive Homes of Collierville provides memory care services

BeeHive Homes of Collierville provides respite care services

BeeHive Homes of Collierville supports assistance with bathing and grooming

BeeHive Homes of Collierville offers private bedrooms with private bathrooms

BeeHive Homes of Collierville provides medication monitoring and documentation

BeeHive Homes of Collierville serves dietitian-approved meals

BeeHive Homes of Collierville provides housekeeping services

BeeHive Homes of Collierville provides laundry services

BeeHive Homes of Collierville offers community dining and social engagement activities

BeeHive Homes of Collierville features life enrichment activities

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

BeeHive Homes of Collierville promotes frequent physical and mental exercise opportunities

BeeHive Homes of Collierville provides a home-like residential environment

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

BeeHive Homes of Collierville assesses individual resident care needs

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

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

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

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

BeeHive Homes of Collierville has a phone number of (901) 286-3455

BeeHive Homes of Collierville has an address of 1368 Wolf River Blvd, Collierville, TN 38017

BeeHive Homes of Collierville has a website <https://beehivehomes.com/locations/collierville/>

BeeHive Homes of Collierville has Google Maps listing <https://maps.app.goo.gl/F1PuQmWyGT6PTGmY6>

BeeHive Homes of Collierville has Facebook page <https://www.facebook.com/BeeHiveCollierville>

BeeHive Homes of Collierville has Instagram page <https://www.instagram.com/beehivecollierville/>

BeeHive Homes of Collierville won Top Assisted Living Homes 2025

BeeHive Homes of Collierville earned Best Customer Service Award 2024

BeeHive Homes of Collierville placed 1st for New Mexico Senior Living Communities 2025

People Also Ask about BeeHive Homes of Collierville

What is BeeHive Homes of Collierville 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 of Collierville 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?

Yes, we have a part-time nurse with an on-call nurse if needed for after hours. We also have a Med Tech on staff that can administer medications

What are BeeHive Homes of Collierville's 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 Collierville located?

BeeHive Homes of Collierville is conveniently located at 1368 Wolf River Blvd, Collierville, TN 38017. You can easily find directions on [Google Maps](#) or call at [\(901\) 286-3455](#) Monday through Sunday Open 24 hours

How can I contact BeeHive Homes of Collierville?

You can contact BeeHive Homes of Collierville by phone at: [\(901\) 286-3455](#), visit their website at <https://beehivehomes.com/locations/collierville/> or connect on social media via [Facebook](#) or [Instagram](#)

You might take a short drive to the [Morton Museum of Collierville History](#). The Morton Museum of Collierville History offers engaging exhibits that encourage reminiscence and enrichment for those receiving Assisted Living, Memory Care, Senior Care, Elderly Care, and Respite Care.