

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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Choosing an assisted living neighborhood is hardly ever just a real estate decision. For a lot of families, it is a turning point in a loved one's every day life, particularly around the most individual routines: getting dressed, bathing, handling medications, and just getting from bed to chair without a fall. Those Activities of Daily Living, or ADLs, are precisely where small, intimate assisted living settings typically surpass large, campus-style communities.

I have explored, examined, and helped location elders in both kinds of settings for many years. The pattern corresponds. Large structures offer attractive features and hectic calendars. Small homes tend to provide more dependable, more individualized help with the essentials that really keep somebody safe and dignified. The differences are subtle on a pamphlet, and striking in genuine life.

This short article looks closely at why that takes place, how to choose what your loved one really requires, and where big communities still have an edge. The goal is not to state a universal winner, but to match environment to person, specifically around ADLs and hands-on elderly care.

What ADLs Actually Mean in Daily Life

Professionals use "ADLs" continuously, so [assisted living BeeHive Homes Of Andrews](#) families often nod along without completely imagining what is consisted of. For positioning choices, it is worth decreasing and equating jargon into lived moments.

ADLs usually consist of bathing or bathing, dressing, grooming, toileting, moving (for example, bed to chair), and consuming. In some cases strolling or using a mobility gadget is contributed to the list. On paper, it sounds like a checklist. In real life, each ADL has layers.

Bathing is not just entering a shower. It is getting somebody to consent to shower, changing water temperature, supporting a weak knee, cleaning hair thoroughly, and making certain they are totally dried to prevent skin breakdown. If your mother has dementia and hates water on her face, a hurried bath can feel like an attack. A calm, familiar caregiver who understands how to talk her through it can turn a dreaded experience into a tolerable routine.

Dressing can be the trigger for agitation if someone is pressed to hurry, or it can be a chance for conversation and orientation. Moving safely requires both adequate personnel and the right technique, or the risk of falls goes up fast. Toileting aid is deeply intimate and highly tied to self-respect. Small breakdowns in any of these areas tend to snowball: skipped baths, bad hygiene, and an increased threat of urinary system infections, falls, and hospitalizations.

Because ADLs are so relational, the staff-to-resident ratio, the rate of the environment, and the consistency of caretakers matter as much as any official care strategy. This is where size enters play.

How Size Shapes Care: The Structural Differences

When households compare communities, they often look first at cost, place, and appearance. Size lurks in the background up until you link it to what the day actually appears like for a resident.



Large assisted living neighborhoods generally have dozens, often hundreds, of citizens. Wings or floors may be divided by level of care, memory care, or independent living. The structure frequently seems like a hotel, with a front desk, business cooking area, and formal dining-room. Staffing is arranged in blocks: day shift, evening, overnight. Ratios can vary extensively, but many big properties hover around one direct care team member for 8 to 15 homeowners during the day, with fewer at night.

Smaller settings can indicate various models. Some are "residential care homes" or "board and care" homes, often in a transformed house with 6 to 12 citizens. Others are small lodges or cottages with 10 to 20 citizens grouped together. Staffing is typically more flexible and less layered. You might see one caretaker for 3 to 6 citizens throughout the day, plus a med tech or nurse who likewise knows each resident personally.

From the outside, a large building might feel more remarkable. Inside, size quickly affects 3 things: the time a caregiver can invest with everyone, how well staff know individual histories and practices, and how quickly someone reacts when a resident requirements assist with an ADL. For seniors who still manage nearly everything by themselves, the distinction might feel small. For those requiring hands-on assisted living support numerous times a day, it ends up being central.

Why Intimate Settings Tend to Support ADLs Better

Over time, I have seen small neighborhoods surpass larger ones on ADL outcomes for 3 main reasons: connection of relationships, slower pace, and fewer handoffs.

In a small home, the personnel usually know each resident's morning rhythm. They remember that Mr. Carter needs 10 minutes to "heat up" before he can pivot securely out of bed, or that Mrs. Lee prefers to bathe every other night after her favorite show. That understanding is not just written in a chart. It lives in the personnel because they perform the exact same ADLs with the very same individuals day after day.



In large structures, staffing lineups typically alter more frequently. A resident might see three various care assistants within two days, especially across shift changes. Each assistant implies well, however they may not know that your father tends to get orthostatic dizziness when he stands too fast, or that your mother needs a calm, repeated cue to sit completely back before a transfer. That lack of familiarity shows up in rushed showers, half-finished grooming, and a propensity to back off when a resident resists, simply because the caretaker can not invest the additional 15 minutes it would require to construct trust.



The physical design matters too. In a 120-bed community, a caretaker may be accountable for 2 corridors and spend half their time strolling from room to room. If your parent rings for help getting to the toilet, staff might be 6 rooms away dealing with another resident's fall. Even a 5 to ten minute delay can be the difference in between safe toileting and an incontinent episode that undermines dignity and increases skin risk.

In a 10-resident home, caretakers are rarely more than a few steps away. They can hear someone approaching the restroom, or notice that Mr. Johnson did not come out for breakfast and go check. Numerous ADLs are dealt with preemptively, because staff see and respond to subtle changes before they become crises.

A Day in the Life: Big vs. Small, Through ADL Lenses

Imagining a day can clarify the compromises much better than any abstract chart.

Picture a large assisted living neighborhood. Breakfast is served from 7:30 to 9:00 in the primary dining room. Transit time from a resident room might be a long hallway plus an elevator trip. One caretaker on the wing has 8 homeowners needing some level of aid up and down. The early morning rapidly becomes a rush. Locals who walk independently go first. Those who need aid dressing and moving may not reach the dining room until 8:45 or later. Personnel do their finest, however a resident who is slow or resistant may have their bath "pushed" to the afternoon, then to another day.

Now photo a small residential care home with 8 residents. Morning is still a busy time, but the environment is quieter and more flexible. Breakfast is frequently served at a family-style table near the bed rooms, and caregivers can serve homeowners in pajamas if required, then help them dress later. The staff are hardly ever more than a space away when a resident calls. ADL help ends up being a series of small, constant interactions instead of a scramble to hit scheduled tasks.

I have actually seen locals who were labeled "resistant to care" in big settings move into small homes and accept bathing and dressing help with very little demonstration. The habits did not alter because of a habits strategy in some abstract sense. It changed due to the fact that staff had time to technique slowly, usage familiar language, change regimens, and develop trust.

Staff Ratios, Training, and Real-World Care

Families frequently ask for staff ratios as if a number alone will tell the story. Numbers matter a lot, but context determines what they really mean.

In a small home with 6 locals and 2 caretakers on daytime shift, each caregiver has time to completely help 3 individuals with morning ADLs, aid with meal preparation, and still react to unscheduled needs. If one resident has a particularly difficult morning, the other caregiver can cover. Citizens see the very same familiar faces, which supports those with dementia or anxiety.

In a large building with 60 locals on a floor and 4 caregivers, the ratio on paper may seem similar, but the work is more segmented. A single person might handle all showers, another may pass medications, another may be responsible for two corridors of call lights and basic ADLs. Training can be standardized and often more extensive, which is a real advantage. Nevertheless, when the environment is busy and task-driven, staff may default to "get it done" instead of "do it in the way best suited to this individual."

From a senior care perspective, training and guidance frequently look better on paper in big communities. There is normally a nurse on site, formal in-service training, and business policies. Small homes differ commonly. Some are exceptional, with experienced caretakers and strong nurse oversight. Others might be thin on official training, relying more on veteran personnel who "feel in one's bones" how to take care of residents.

For hands-on ADLs, though, the easy question is: does my loved one get the time, repetition, and consistency required to keep doing as much as possible on their own, with support where required? Intimate settings tend to win on that, particularly for senior citizens who have a mix of physical and cognitive needs.

When a Big Neighborhood May Be the Better Fit

It would be misleading to state small is always much better for each older grownup. There are specific circumstances where a bigger assisted living community has clear advantages, even for locals with ADL needs.

Some senior citizens really prosper on range, social energy, and structured activities. A retired instructor or executive who still enjoys lectures, trips, and multiple clubs may feel confined in a small home with just a couple of fellow homeowners. Even if they need aid bathing and dressing, the total lifestyle may be greater in a big, active setting.

Medical intricacy is another factor. While assisted living is not the like experienced nursing, larger neighborhoods more often have 24/7 nurse existence, on-site rehabilitation, or close relationships with visiting doctors and therapists. For a resident with frequent medication changes, fragile diabetes, or a brand-new stroke, that scientific infrastructure can be important. In those cases, you may accept some compromises on one-to-one ADL time in exchange for better tracking and quick response.

Cost and accessibility likewise matter. In some regions, there are even more large communities than small homes, or the small homes have limited openings. Households often utilize big communities as a type of respite care, providing a short-term break to caregivers while a loved one recovers from a health problem or while everybody assesses longer-term alternatives. For a planned short stay, the richness of features in a larger setting might balance out the risks of a less individualized ADL approach.

The secret is to be truthful about your loved one's top priorities. If they mainly need friendship, light assistance, and delight in busy environments, a large community can be a great fit. If they are modest, easily overwhelmed, or require frequent, hands-on help with every ADL, a smaller setting generally serves them better.

The Function of Intimacy in Dementia and ADLs

Dementia makes complex every ADL. It affects memory, sequencing, spatial awareness, language, and psychological policy. A lot of the most difficult habits households report - declining showers, striking out throughout toileting, pacing all night - develop from stress and anxiety and confusion, not stubbornness.

In a big, unknown structure, somebody with dementia can feel lost numerous times a day. They may forget where the restroom is, misinterpret strangers walking down the hallway, or feel rushed by staff who are trying to keep to a schedule. That anxiety appears as resistance to care. Personnel may describe the individual as "tough", when in truth the environment is just too revitalizing and impersonal.

An intimate assisted living or small memory care home reduces the ranges and increases predictability. Citizens see the same caregivers, the same cooking area, the exact same view out the window every early morning. Caretakers can use consistent scripts and routines: the exact same joke before showers, the very same warm washcloth to start face washing. Over time, this familiarity lowers resistance and makes it possible to maintain ADLs longer, even as cognitive decrease progresses.

I keep in mind a resident who had been refusing showers in a larger memory care unit for weeks. She clenched her fists, screamed, and tried to strike personnel. Household were told she "just does not like baths anymore." When she moved into a 10-bed home, the caretaker observed that she relaxed whenever someone hummed a particular hymn. They built a pre-shower routine around that song, redirected her to a handheld shower she

could see and manage, and permitted her to hold a towel across her chest. Within two weeks, she was bathing regularly again. Absolutely nothing in her brain changed. The environment and the technique did.

For households browsing dementia, this is the heart of the small versus large concern. Intimacy and repetition are not simply "nice to have" qualities. They are tools that straight support ADLs.

Practical Differences Households Will Notice

When you tour communities, some of the most telling ideas are not in the sales brochure copy, but in the small interactions you witness. In a small home, you will often see caregivers and residents moving in and out of the kitchen area together, sharing small talk, and starting ADLs naturally. A resident may be assisted to wash up at the sink before breakfast, with a caregiver handing them a warm cloth and guiding each step.

In a big building, ADLs are more frequently set up and segmented. Showers may be "Monday, Wednesday, Friday at 10:30," and if your mother refused at 10:35, she might not get another attempt till the next scheduled day. Meals are at set times, and late sleepers might get "room trays" if they miss out on the window, typically without the same level of social engagement or help with eating.

Noise level, lighting, and space style matter for ADL success. Small homes tend to feel locally familiar, which reduces stress and anxiety for numerous senior citizens. Brilliant overhead lights and long hallways can be disorienting, particularly for those with bad vision or cognitive decline. In a small setting, staff can more easily customize the environment. They may decrease the lights throughout evening care, play soft music during bathing times, or keep adaptive equipment within reach.

Families likewise notice how rapidly patterns are picked up. In small settings, if your father fights with buttons, somebody will probably recommend pull-over t-shirts by the second or 3rd day, and you will see that reflected in how they assist him dress. In a large setting, the exact same observation may be buried amidst lots of citizens' requirements, unless you or a strong advocate presses it into the written care strategy and follows up.

A Simple Comparison List for ADL Support

When you tour or examine options, it assists to have a focused lens on ADLs, not simply looks or activity calendars. Utilize this brief checklist to compare how small and large settings may feel for your loved one:

- Ask personnel to explain a common morning for a resident who needs aid with bathing, dressing, and toileting. Listen for how much time they allow, and whether the regular noises rushed or versatile.
- Observe how staff address homeowners in passing. Do they use names, touch, and eye contact, or are they mostly task focused and in a rush in between spaces?
- Check how far spaces are from bathrooms and dining areas. Imagine your loved one making that trip three or 4 times a day.
- Ask how they adjust routines for somebody who declines or fears bathing. Look for specific, concrete examples, not unclear reassurances.
- Inquire about personnel connection. Do the exact same caretakers typically take care of the exact same locals, or do tasks change frequently?

You are listening less for polished responses and more for consistency, detail, and indications that staff truly understand their citizens as individuals.

The Role of Respite Care in Testing Fit

One underused method for households is to treat respite care as a trial run. Lots of assisted living neighborhoods, both large and small, offer brief stays varying from a few days to a couple of weeks. Throughout that time, your loved one lives in the neighborhood as a short-lived resident, getting the very same senior care and elderly care services as long-term residents.

For ADLs, respite stays are extremely revealing. You will see how quickly staff learn your parent's routines, how often call lights are responded to, whether clothing are put away properly, and if health and grooming appearance maintained. Families sometimes discover that the remarkable big community struggles to handle particular behaviors or ADL jobs, while a basic small home handles them smoothly. Other times, the reverse happens, specifically if your loved one is more social and independent than you realized.

Respite care likewise provides your parent a voice. Even a person with moderate cognitive decrease can typically inform you whether they feel looked after, rushed, lonesome, or safe. Pay attention to whether they discuss "the people" by name in a small home, versus "the place" or "the structure" in a larger one. That emotional connection normally correlates highly with ADL success.

Balancing Self-respect, Safety, and Independence

At the heart of all these choices is a balancing act: dignity, security, and independence. Small, intimate assisted living settings tend to protect self-respect and security by closely supporting ADLs and decreasing the possibility of lapses. They likewise, when succeeded, assistance independence by offering residents just enough help, not too much.

A good caregiver in a small home will understand that Mrs. Daniels can still brush her teeth separately if someone merely sets out the toothbrush and cues her to begin. In a busier environment, that exact same resident may have her teeth brushed for her because personnel are pressed for time. Over weeks and months, that distinction accelerates decline.

Large neighborhoods, when truly well staffed and well led, can absolutely preserve strong ADL assistance. Some accomplish this by producing small "areas" within a larger campus, restricting each caretaker's area and encouraging relationship-based care. Others buy sophisticated training in dementia care strategies and employ sufficient staff to prevent chronic hurrying. These models sit closer to the "finest of both worlds," however they tend to be at the greater end of the cost spectrum.

In the end, your choice will seldom have to do with excellence. It will have to do with trade-offs. Facilities versus intimacy. Range versus predictability. On-site services versus daily one-to-one time. For older grownups who require consistent, hands-on assist with bathing, dressing, toileting, and mobility, smaller, more intimate settings frequently tip the scales, since they transform staff hours into real, customized care.

Questions to Ask Yourself Before Deciding

As you weigh options, it assists to go back from marketing language and ask yourself a couple of grounded concerns about ADL support:

- Which environment will allow staff to truly know my loved one's habits, fears, and choices around bathing, dressing, and toileting?
- If something fails - a fall, a refusal to shower, a bout of confusion - where are personnel more likely to have time to problem-solve rather than default to crisis mode?
- Does my loved one gain more from daily social variety or from predictable, familiar faces directing them through susceptible tasks?

- How much am I relying on amenities to make me feel much better versus what my loved one in fact uses and delights in?
- Could a brief respite care stay in a couple of settings assist us see which environment much better supports ADLs in practice?

Clear responses to these concerns normally point highly toward either a small or large setting as the much better first choice.

The choice about assisted living placement is one of the most individual in senior care. By concentrating on how each environment genuinely handles ADLs, instead of only on appearances or activity calendars, you offer your loved one the very best chance at a daily life that feels safe, considerate, and as independent as possible.

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

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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?

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 Andrews located?

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?

You can contact BeeHive Homes of Andrews by phone at: [\(432\) 217-0123](tel:4322170123), visit their website at <https://beehivehomes.com/locations/andrews/>, or connect on social media via [Facebook](#) or [YouTube](#)

Conveniently located near Beehive Homes of Andrews [Cinemark Century Odessa](#) a great movie theater with full food & drink menu. Catch a movie and enjoy some great food while you wait.