

Business Name: BeeHive Homes of Henderson

Address: 1000 Greenway Rd, Henderson, NV 89002

Phone: (702) 551-0265

BeeHive Homes of Henderson

At BeeHive Homes of Henderson, Nevada, we offer the finest assisted living and memory care experience available in a cozy, comfortable homelike 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 community of only 20 residents per home. 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 residents in a loving and respectful manner. We would like to invite you to tour and experience our memory care & assisted living home and feel the difference.

[View on Google Maps](#)

1000 Greenway Rd, Henderson, NV 89002

Business Hours

- Monday thru Sunday: 8:00am to 7:00pm

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Families do not comparison buy senior care in a vacuum. They are typically doing it after a scare, or at the end of a long stretch of unsettled caregiving. The seriousness is real, but the pricing is nontransparent. Memory care and assisted living appearance comparable from the outside, yet they are built and staffed in a different way, and that distinction appears on the expense. The best setting can support an individual who is declining from dementia. The wrong fit can drain cost savings without solving the issue that set off the move.

I have explored hundreds of neighborhoods with households, worked out rates, combed through service plans, and saw senior citizens do much better or worse depending upon the match. Costs vary extensively by market and company, but the patterns correspond sufficient to develop a working model. The goal here is not to crown a winner. It is to assist you understand what you are paying for, when the premium for memory care makes good sense, and how to expect the true regular monthly expense once all line products are added.

What you are comparing, really

Assisted living and memory care often share a roof, a kitchen area, and an activities director. Below, they run 2 various operating models.

Assisted living is developed for older grownups who require help with activities of daily living like bathing, dressing, and medication pointers, but who can follow directions, make basic choices, and stay reasonably safe with intermittent guidance. Care is scheduled and foreseeable. Cueing works.

Memory care is constructed around cognitive problems, especially Alzheimer's and related dementias. It adds safe and secure borders, customized environments and dining, more regular personnel contact, trained dementia care strategies, and shows that lowers distress behaviors. Care is anticipatory and frequent. Cueing may not work, so personnel intervene earlier and more often.

That shift from intermittent help to continuous supervision drives staffing costs, and staffing is the biggest cost in any care setting. The rate space flows from there.

Typical monthly price tags, with honest ranges

National datasets put assisted living monthly medians in the \$4,000 to \$6,000 range, with big city markets and seaside states pushing higher. In the exact same markets, memory care typically runs 20 to 40 percent more, typically landing between \$5,000 and \$9,000 per month. In high-cost metros, I regularly see assisted living beginning around \$6,000 to \$7,500, and memory care from \$7,500 to \$11,000. In smaller Midwestern towns, it is not unusual to discover assisted living around \$3,800 to \$4,800 and memory care from \$5,000 to \$6,500.

These are base rates. The final bill is built on top of them, and this is where families get surprised. Many communities estimate a starting house rate that consists of lease, meals, basic house cleaning, and utilities. Then they layer on care charges that depend upon an evaluation. Memory care often bundles more into its base to simplify billing, however not always.

What creates the gap

Memory care expenses more since it delivers a different level of control and guidance. Here is what generally drives the premium, beyond marketing language.



- Staffing strength. In assisted living, daytime staffing typically looks like one caretaker for 12 to 18 citizens, with med techs and nurses drifting. Over night ratios extend further. In memory care, daytime ratios of one caretaker for 6 to 10 locals are common, in some cases tighter in smaller sized wings, and nights might be 1 to 10 or 1 to 12. Those extra hands appear in payroll.
- Training and program design. Dementia care personnel get specialized training on de escalation, redirection, and non pharmacologic strategies. Programs schedule short, structured activities that match attention periods, with purposeful repetition. That planning time is part of the operating cost.
- Environmental controls. Safe doors, wander management systems, enclosed courtyards, visual cues, reduced glare lighting, and simplified layout lower threat and agitation. Structure and keeping those features is capital intensive.



- Dining and medication techniques. Customized menus, high calorie finger foods, hydration rounds, smaller dining rooms, and co dining with personnel decrease weight-loss and choking danger. More frequent med passes and crushed or liquid types increase staff time.
- Behavior assistance. When exit seeking, sleep inversion, or sundowning exists, care strategies add check ins and interventions that an assisted living wing can not reliably staff.

Providers do not all execute these components with the very same rigor. A real memory care home feels different the minute you go into. If it does not, you may be paying a premium for a label rather than a model.

How pricing models work under the hood

Communities make money and cover staffing in a number of ways. Understanding their model helps you anticipate the bill.

A la carte assisted living pricing begins with a base rent and adds care levels, frequently tied to a point system. Each job, such as help with bathing or insulin administration, carries points. The total maps to a level that adds a monthly cost. Medication management is generally a separate charge, with rate jumps based upon the number of meds or passes each day. Incontinence care costs can be flat or per episode, and products might be billed separately. You might likewise see charges for accompanying to meals, transfer assistance, or extra housekeeping if clutter and spills are frequent.

All inclusive memory care, typical but not universal, covers most everyday care into a single rate. Even then, some services sit outside the package, like injections, complex injury care, one to one guidance for high fall risk, or transport to frequent consultations. When memory care utilizes levels, the increments in between tiers are usually steeper than in assisted living since staffing changes drive the delta.

Across both settings, anticipate a one time neighborhood cost at relocation in, commonly \$2,000 to \$6,000. Some neighborhoods discount rate or waive this for quick move ins or throughout slow seasons. 2nd person fees for couples can add \$800 to \$1,500 regular monthly in assisted living and are less typical in memory care, where apartments are frequently personal studios. Yearly lease boosts of 3 to 8 percent are common. Request for the historical average at that residential or commercial property, not the business broad talking point.

The overlooked costs in the house, and why they matter to the comparison

Families often measure assisted living against rent and groceries, then decide to wait. A much better contrast includes the value of unsettled caregiving, the money expense of worked with assistance, and the threats of a home that is no longer safe.

Non medical home care averages \$28 to \$40 per hour in numerous markets, higher in large cities. Even 12 hours a day of protection runs \$10,000 to \$14,000 monthly, and 24 hr coverage, if you can staff it, can exceed \$20,000. Add medication setup by a nurse, incontinence products, fall sensing units, and a couple of thousand dollars in home adjustments for grab bars, lighting, and door alarms. For couples, care at home can make psychological and financial sense longer, but the math shifts quickly when dementia progresses.

I have watched partners try to anchor over night care by themselves, only to go to sleep during the crucial 1 a.m. To 4 a.m. Window when a partner with sundowning wanders or rummages. A single injury or hospitalization erases the savings from delaying a move.

When memory care deserves the premium

A resident with early stage cognitive problems may prosper in assisted living if the group can hint effectively, the environment is calm, and the person takes part in programming. The regular monthly cost savings can be significant. But particular patterns tell me memory care will be the much better buy even if it looks pricier on paper.

Exit seeking. If somebody attempts doors, follows personnel into service corridors, or repairs on leaving, a safe memory care environment spares you the cost of private caretakers layered on top of assisted living.

Unpredictable nights. Sleep inversion interferes with entire structures. Memory care staff expect it, schedule for it, and have safe spaces for pacing.

Disinhibited or aggressive behaviors. A memory care home with experienced staff checks out the behavior as communication and responds without pity or penalty. Assisted living frequently escalates to 911 or discharge.

Meal rejection or weight reduction. Memory care dining rooms are smaller and calmer, with personnel who will sit and consume with homeowners to cue bites, offer finger foods, and attempt again an hour later. Those touches support weights and lower hospital journeys for dehydration.

Repetitive calls and alarms. In assisted living, a resident who pushes the call pendant every ten minutes will either be labeled challenging or will need a private caregiver. Memory care develops the day to eliminate the trigger.

I remember a retired engineer who moved into assisted living after a fall. He had moderate memory loss and did fine for six months. Then he began taking tools off the maintenance cart and "fixing" the door hardware. The neighborhood responded with reminders and cautions, then a notification that he would need to employ a 1 to 1 buddy. We moved him to the memory care wing next door. The team offered him a safe workbench with taken apart radios and appointed him as an "advisor." His bill went up by \$1,200 a month, but we got rid of \$8,000 in caretaker expenses and the continuous friction disappeared.

What you get for your cash in a strong memory care program

Look for nuts and bolts that do not show up in glossy sales brochures. Ask to stroll the system at shift change and at dinner, not just at 10 a.m. When whatever is quiet. You should see personnel utilizing names, bending to eye level, and offering 2 clear options rather of open ended concerns. The schedule ought to repeat breakfast, activity, rest, and outdoor time in a foreseeable rhythm, not random crafts. Back of house storage ought to be

locked or supervised so locals do not search in chemicals or linens. The nurse must carry an easy, existing roster of known behaviors and comfort routines.

Good memory care minimizes hospitalizations by seeing urinary tract infections early, maintaining hydration, and avoiding falls frequent check ins and appropriate shoes. It likewise protects the self-respect of locals who can no longer self supporter. That is the worth proposition beyond square footage and chandeliers.

How community type impacts price

Standalone memory care communities operate only dementia care, often in smaller, purpose built structures. They tend to have tighter staffing ratios and more constant programs. Rates is normally all inclusive or has fewer levels. They can be leaner on facilities like swimming pool tables and beauty parlors since their value beings in care, not in resort functions. Rates are often mid to high for the market, however value per dollar is strong when dementia is moderate to advanced.

Memory care communities within a bigger assisted living let couples remain on one campus, which can protect routines and minimize family travel time. The staffing design can be excellent, but in some cases the memory care wing inherits practices from the assisted living side that are not dementia specific. Costs follow the brand name and structure, sometimes 5 to 10 percent above standalone rivals for comparable care.

Small residential choices, often licensed as board and care homes, serve 6 to 12 locals in a house. Staffing makes love and flexible, meals are home cooked, and households like the personal feel. Expenses are frequently lower than large buildings, specifically in suburbs, however the range is large. You might trade big activity calendars for quieter days. For late phase disease or when movement is limited, these homes can be both cost efficient and humane.

Skilled nursing with a memory care system is a various tier. It runs more expensive than assisted living or memory care due to the fact that it consists of certified nursing around the clock and handles medical complexity like feeding tubes and advanced wound care. If a person requires that level, the contrast shifts from assisted living to nursing care, and different payers come into play.

Who pays, and how to extend dollars legally and safely

Most households pay for assisted living or memory care independently. Medicare does not cover room and board in these settings. It may money health services like therapy episodes or hospice, however not the everyday rent and care fees.

Long term care insurance can be a powerful lever. Policies usually pay a day-to-day or regular monthly benefit once the insured requirements assist with 2 or more activities of daily living or has a serious cognitive problems. Advantages frequently range from \$100 to \$250 per day, often more, and can offset a big share of the monthly expense. You will need a plan of care signed by a licensed clinician and cooperative paperwork from the neighborhood to start claims and maintain them.

Veterans Aid and Presence adds a month-to-month stipend to qualifying veterans or enduring partners who require aid with activities of daily living. Benefit amounts differ by status and alter yearly, however they can add over a thousand dollars per month and often more than two thousand for a veteran with a reliant spouse. Eligibility depends on service history, properties, earnings relative to costs, and medical need. Deal with a recognized VA claims representative, not a supplier sales representative, to prevent missteps.

Medicaid waivers in many states fund assisted living or memory take care of those with restricted properties. The protection and rates differ by state, and memory care may receive the same rate as assisted living despite the fact

that expenses are greater. Slots are limited, waitlists are common, and some neighborhoods accept just a small percentage of Medicaid homeowners. Families sometimes plan a spend down, paying independently until possessions reach the threshold, then looking for Medicaid. It is vital to track all expenses and look for counsel before making presents or transfers, given look back rules.

Tax preparation matters too. If a resident is chronically ill and getting services under a strategy of care, a considerable part, often all, of assisted living or memory care costs can certify as a deductible medical expense, based on IRS limits. Families miss this and leave money on the table. An accounting professional who understands senior care can translate billings into deductible amounts.

Negotiating and timing without playing games

Communities are services with occupancy targets. Costs are firm in hot markets, but there is usually space to adjust costs at the margins. The most simple wins I see are credits versus the community fee, lowered charges for the very first care level for 60 to 90 days, or holding the current year's rate boost for a new resident. Discount rates tend to be bigger in summertime and around major vacations when relocation is slow, and smaller sized in spring.

Do not work out so difficult that you sour the relationship you will depend upon. A reasonable rate and a responsive director of nursing beats an extra \$300 off the base lease. Bring a clean evaluation from a current medical visit, have medications pre packaged by a partnering pharmacy if possible, and be transparent about behaviors. Surprises after relocation in lead to mid month level boosts and broken trust.

A number of real life comparisons

Case one, assisted living makes sense. A retired teacher with mild Alzheimer's lives alone. She requires aid bathing two times a week, takes seven medications two times daily, and forgets meals unless cued. She delights in group activities and follows instructions. Assisted living quotes \$4,800 base rent for a one bedroom, \$450 for medication management, and \$350 for care level one. Incontinence is rare. Her all in has to do with \$5,600 month-to-month. Memory care next door estimates \$6,900 all inclusive. She visits both, prefers the larger activity calendar in assisted living, and the team feels confident they can hint meals. She moves to assisted living, succeeds for 18 months, and invests the savings on a part-time private buddy during the late afternoon, three days a week.

Case 2, memory care avoids crisis costs. A previous specialist in his late seventies has vascular dementia with changing insight. He wanders in the evening and has triggered the neighborhood fire alarm twice while trying to find a cigarette. Assisted living quotes \$5,900 base, \$600 for medication management, and level 3 care at \$1,200 due to transfers and frequent cueing. The director silently explains that he will require a personal overnight sitter at \$28 per hour up until he "supports." That is another \$8,400 regular monthly. Memory care a couple of miles away uses a personal studio at \$7,800 all inclusive, with safe and secure patios for supervised cigarette smoking and structured late evening activities. He relocates to memory care, the alarms stop, and the all in cost is thousands less than assisted living plus sitters.

Edge cases and judgment calls

Couples make complex the math. If one partner is cognitively well and the other needs memory care, cohabiting in assisted living can preserve connection and reduce overall rent, however only if the caregiving partner is not pulled into 24 hour duty once again. I have actually seen partners insist on keeping their partner with dementia in

assisted living for love, then burn out and need hospitalization. Dividing houses across assisted living and memory care on the same school can cost more, but it can save the well partner's health.

Early beginning dementia brings greater activity levels and more powerful bodies, which can worry both settings. The right memory care home will direct energy into safe jobs and repetitive jobs. An assisted living wing is less likely to succeed without consistent companions.

Cultural fit matters. In some households, a small residential memory care home with home style cooking and staff who speak the resident's first language produces better results at a lower rate than a streamlined structure with a movie theater. Results affect costs. Less hospitalizations and calmer days reduce add on costs and private caregiver hours.

What to ask throughout trips, with an eye on cost

Use a brief script whenever so you can compare responses later. Keep it conversational. The goal is to find out how the building runs, not to capture anybody out.

- How do you determine care levels, and when are they reassessed? Can I see a blank assessment tool?
- What is included in the base rate, and what, particularly, is not? Please show me the exemptions in writing.
- What are your present medication management costs and thresholds? How do you handle crushed meds and more than two passes a day?
- What is your historical yearly increase at this residential or commercial property for the previous three years?
- If my parent's needs rise quickly, what takes place mid month? Do you prorate, or does the brand-new level begin the following month?

If a salesperson rushes these responses or glosses over care level mechanics, keep looking. You want a group that is comfy speaking about the unglamorous information, because that is what drives your bill.

Practical methods to make either alternative more affordable

Move in size and timing matter. Studios are often 10 to 20 percent less than one bedrooms, and the majority of residents spend waking hours outside the apartment. Corner units and views are great, but they do not alter care results. If a neighborhood is 80 percent occupied, inquire about rate security if you can commit to a date within 30 days.

Right size services. If your parent eats gently and prefers breakfast in their room, a neighborhood with required dining establishment design dining three times a day might not be an excellent fit. You will be spending for a service they will not utilize. In memory care, go for programs your parent will attend. Spending for a rich calendar they overlook is squandered money.

Align pharmacy setups. Neighborhoods that partner with a specific drug store often waive med pass surcharges for complicated product packaging. If you stick to an outdoors pharmacy, you might incur managing charges or more frequent deliveries.

Check the billing code for incontinence. Some communities waive the incontinence care fee if the resident uses pull ups just at night and manages changing individually. Small modifications in strategy language can conserve you \$100 to \$300 a month.

Keep the length of remain in mind. If you think a hospital transfer is most likely within months, a large neighborhood fee amortizes inadequately. A company happy to lower or credit that fee represents genuine cost savings if the stay is short.

Final perspective

Comparing a memory care home to assisted living is not simply a spreadsheet workout. It is an attempt to match an individual's pattern of needs to a structure's pattern of staffing and guidance. The cheapest line item often brings the greatest surprise expense, especially when dementia brings exit looking for, interfered with nights, or behaviors that an assisted living wing can not support without layering private caregivers.

If you build a mindful apples to apples budget plan, test how each setting handles your parent's particular problems, and look beyond chandeliers to personnel practice, you can invest in what changes outcomes instead of on what [elder care](#) pictures well. That is where genuine value lives, and it is the best way to safeguard both your parent's self-respect and their savings.



BeeHive Homes of Henderson provides assisted living care

BeeHive Homes of Henderson provides memory care services

BeeHive Homes of Henderson provides respite care services

BeeHive Homes of Henderson supports assistance with bathing and grooming

BeeHive Homes of Henderson offers private bedrooms with private bathrooms

BeeHive Homes of Henderson provides medication monitoring and documentation

BeeHive Homes of Henderson serves dietitian-approved meals

BeeHive Homes of Henderson provides housekeeping services

BeeHive Homes of Henderson provides laundry services

BeeHive Homes of Henderson offers community dining and social engagement activities

BeeHive Homes of Henderson features life enrichment activities

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

BeeHive Homes of Henderson promotes frequent physical and mental exercise opportunities

BeeHive Homes of Henderson provides a home-like residential environment

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

BeeHive Homes of Henderson assesses individual resident care needs

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

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

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

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

BeeHive Homes of Henderson has a phone number of (702) 551-0265

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BeeHive Homes of Henderson has a website <https://beehivehomes.com/locations/henderson/>

BeeHive Homes of Henderson has Google Maps listing <https://maps.app.goo.gl/qpZ3TKgbxCu1MVSh8>

BeeHive Homes of Henderson has Instagram page <https://www.instagram.com/beehivehomeshenderson/>

BeeHive Homes of Henderson has an YouTube page <https://www.youtube.com/@hamiltonshives4468>

BeeHive Homes of Henderson won Top Assisted Living Homes 2025

BeeHive Homes of Henderson earned Best Customer Service Award 2024

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

People Also Ask about BeeHive Homes of Henderson

What is BeeHive Homes of Henderson Living monthly room rate?

Our base rate is \$4,700 per month for assisted living and \$5,700 per month for memory care plus a one-time community fee of \$2,500. We do an assessment of each resident's needs prior to move-in, so each resident's rate may be higher. These prices fall into three tiers based on resident needs and range from \$4,700/month to \$7,300/month. However, after we do the assessment and quote a price, there are no add-ons or hidden fees

Does Medicare and Medicaid pay for a stay at Bee Hive Homes?

Medicare pays for hospital and nursing home stays, but does not pay for assisted living. Some assisted living facilities are Medicaid providers but we are not. We do accept private pay, long-term care insurance, and we can assist qualified Veterans with approval for the Aid and Attendance program

Do we have a nurse on staff?

We do have a nurse on contract who is available as a resource to our staff but our residents' needs do not require a nurse on-site. We always have trained caregivers in the home and awake around the clock

What can you tell me about the food at Bee Hive?

You have to smell it and taste it to believe it! We use dietitian-approved meals with alternates available for flexibility, and we can accommodate needs for different textures and therapeutic diets. We have found that most physicians are happy to relax diet restrictions without any negative effect on our residents

Do we allow pets?

We do allow small pets as long as the resident is able to care for them. State regulations also require that we have evidence of current immunizations for any required shots

Where is BeeHive Homes of Henderson located?

BeeHive Homes of Henderson is conveniently located at 1000 Greenway Rd, Henderson, NV 89002. You can easily find directions on [Google Maps](#) or call at [\(702\) 551-0265](#) Monday through Sunday 9:00am to 5:00pm

How can I contact BeeHive Homes of Henderson?

You can contact BeeHive Homes of Henderson by phone at: [\(702\) 551-0265](#), visit their website at <https://beehivehomes.com/locations/henderson/> or connect on social media via [Instagram](#) or [Facebook](#)

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