

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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Most families start checking out senior care after a scare: a fall at home, a medication mix-up, a roaming occurrence, or a steady decrease that suddenly ends up being difficult to neglect. In those moments, the world of assisted living and elderly care can seem like an alphabet soup of alternatives and sales language. Buried in the information is one aspect that quietly shapes almost everything about a resident's every day life: the size of the care setting.

Having worked with older grownups in both big communities and small residential homes, I have actually seen the difference that scale makes. Bigger is not automatically even worse, and smaller is not instantly much better. But when the priority is safety, close guidance, and truly [senior living near me](#) tailored support, thoughtfully run smaller settings have some structural benefits that are tough to reproduce in a big building with a hundred residents.

This does not indicate everyone must rush towards the tiniest home they can discover. It indicates families ought to comprehend how size affects care, what trade-offs are involved, and how to tell a well run small environment from one that merely calls itself "cozy".



What "small" actually means in elderly care

People utilize the term "small" to explain everything from a 20-apartment assisted living wing to a four-bed residential care home. To understand the impact on safety and supervision, it assists to draw some rough lines.

In many areas, senior care settings fall into 3 broad groups:

- Large neighborhoods: generally 60 to 200 locals, frequently with multiple floorings, dining spaces, and activity spaces.
- Mid sized facilities: approximately 20 to 60 citizens, typically a single structure or wing, in some cases part of a larger campus.
- Small residential settings: typically 3 to 16 homeowners, often accredited as adult family homes, board-and-care, residential care homes, or similar names depending upon the state or country.

The labels vary by jurisdiction, but the lived experience in a 10-resident home is extremely different from that in a 120-resident facility.

In a large assisted living neighborhood, the advantages normally fixate amenities: restaurant-style dining, regular activities, on-site treatment, transportation, and a sense of a "town" under one roof. The trade-off is that staff must cover a great deal of ground. A caregiver may be accountable for 12 to 18 locals during a shift, in some cases more, often scattered throughout a long corridor or numerous wings.

In a truly small elderly care home, there may be 1 or 2 caregivers for 6 to 10 homeowners, all within view or simply a brief corridor away. There is normally one kitchen area, one primary living location, and bed rooms nestled closely around them. What you quit in glossy facilities, you gain in distance. That distance is what translates into security and supervision.

Why physical scale shapes safety

When we talk about "security" in senior care, we are really speaking about specific risks: falls, roaming and exit-seeking, medication mistakes, choking and aspiration, postponed action in emergencies, and unnoticed modifications in health status. Size affects each of these, typically in subtle ways.

In a smaller setting, staff can actually hear more. A chair scraping on tile, a closet door opening, a resident muttering in the corridor at 3 a.m. These small noises frequently precede an event. In a large structure with long corridors, heavy fire doors, and mechanical sound, those early hints are simple to miss.

One afternoon in a 9-bed home, a caretaker I worked with paused mid-conversation and stated, "That is not her normal cough." She walked down the hall, looked at a resident, and found that she had started aspirating on a sip of water. Quick intervention, urgent call to the physician, health center visit, and the resident recuperated. Would that have been caught as quickly in a dining-room with 70 individuals talking over clattering meals? Possibly, however less likely.

Smaller environments likewise decrease the range between risk and response. If a resident stands up unsteadily, a caretaker three steps away can use an arm. In a big facility, a resident might stroll a surprising range before anyone notifications, particularly if staffing ratios are extended at certain times of day.

None of this indicates large communities can not be safe. Many are, and they frequently have more electronic cameras, nurse coverage, and security innovation. However technology seldom compensates for the easy reality that in a smaller area, it is harder for a problem to remain hidden for long.

Staff presence and supervision

Supervision is not just about viewing people; it has to do with knowing them well enough to notice modification. Smaller elderly care homes tend to create that familiarity by design.

In a 6 to 12 resident home, every caretaker generally knows:

- Each resident's typical strolling speed and posture.
- How they like their coffee or tea.
- Which jokes land and which do not.
- What "typical" confusion appears like for that person and what feels off.

That built up understanding ends up being an informal early-warning system. A seasoned caretaker in a small setting will often say things like, "She is quieter at breakfast today; something is brewing" or "He normally sleeps after lunch, however he has actually been pacing for an hour." That sort of pattern recognition is much harder when one person is handling 15 citizens throughout two hallways.

Larger assisted living neighborhoods attempt to develop guidance through systems: regular rounding, electronic care notes, occurrence reports, scheduled assessments. Those are very important, but they can create a rhythm where staff respond to tasks rather than to people. In a small home, jobs are still there, however they are woven into regular household life. Staff see homeowners from several angles in a single day: at the kitchen area table, in the hallway, in the garden, throughout a television show. Guidance is constructed into every interaction.

Families often notice this distinction during respite care. A loved one may stay for two weeks in a 100-resident neighborhood, then 2 weeks in an 8-resident home. In the larger neighborhood, the household might get a packet of notes, a care summary, and arranged updates. In the smaller home, they frequently hear, "She has actually begun humming again after lunch; she seems more relaxed" or "He is eating much better if we sit with him and serve smaller parts initially." Both approaches have value, however for vulnerable adults with dementia, the granular observations typically prevent bigger problems.

Medication management and scientific oversight

Medication mistakes are one of the most common safety threats in any senior care environment. Missing out on a dose of high blood pressure medication might not cause an instant crisis. Doubling insulin or mishandling blood thinners can.

In larger centers, medication management frequently relies on medication carts, set up "med passes," bar-code scanning, and separate medication professionals. That structure can be extremely safe when staffing is stable and workflow is well arranged. The danger begins busy shifts: a fire alarm, a fall, three residents requesting for assistance simultaneously, and a med tech fast moving through a long list.

In smaller settings, there is seldom a med cart rolling down halls. Medications are typically saved in a locked cabinet or space, and the exact same caregivers who help with bathing and meals also manage routine medications, within their training and the policies of their area. The resident list is much shorter, the timing more versatile. Staff might offer high blood pressure pills over breakfast, eye drops in the restroom a couple of minutes later, and antibiotics throughout afternoon tea.

The security benefit here originates from 2 aspects. Initially, fewer residents mean less complex schedules to handle at the same time. Second, caregivers often observe patterns rapidly: "She is swiping her pills in the afternoon; we ought to attempt considering that one squashed with applesauce" or "He looks off each time we increase that dose." That feedback loop between observation and clinical change tends to be tighter in a smaller environment, particularly when a nurse or physician is available and engaged with the home.

That said, small homes can fail if they do not have strong medical oversight. Households ought to ask how the home collaborates with doctors, who examines medications routinely, and how staff are trained. A cottage without excellent systems can be more unsafe than a large neighborhood with robust medical protocols.

Fall threat and the layout of everyday life

Falls rarely take place out of no place. They approach through subtle shifts: a slightly longer distance to the restroom, a brand-new thick carpet in the hallway, a chair positioned a little too far from the table. In a big facility, upkeep and style decisions are made for dozens of individuals at once. That can work, but it undoubtedly suggests compromise.



In a small elderly care home, the physical environment is more like a standard house: fewer stairs, shorter ranges, and generally one primary location where people collect. Personnel move through the exact same spaces constantly. If a carpet starts to curl at the corner, somebody usually trips gently or notices it within a day or more, not weeks later throughout a main inspection.

The scale likewise allows for practical customization. If a resident with Parkinson's freezes in narrow spaces, corridor furniture can be rearranged quickly. If somebody with dementia confuses the bathroom door, personnel

can add a colored sign or memory cue simply for that individual. These small ecological tweaks straight lower fall threat and wandering without feeling institutional.

I keep in mind one resident, a previous carpenter, who kept trying to "fix" things in a large structure. In the smaller home he moved to later, staff offered him a safe tool kit with blunt tools and small jobs: tightening up cabinet knobs, examining chair legs. His restless walking became purposeful movement, and his fall events dropped over the next months. That kind of flexible reaction is a lot easier to try when you are dealing with a single living room, not a five-floor complex.

Emotional safety and the rhythm of the day

Physical safety is only half the story. Emotional security matters just as much, particularly for older adults dealing with amnesia, anxiety, or depression.

Large neighborhoods normally work on schedules adjusted for functional efficiency. Breakfast from 7 to 9, activities at 10, lunch at 12, showers on appointed days, medication passes at set times. Lots of locals value the structure and range, however particular people can feel swept along by a schedule that does not match their natural rhythm.

In a small residential senior care home, the speed is better to domestic life. If someone prefers coffee at 6 a.m. And breakfast at 9, it is much easier to accommodate. If another resident sleeps improperly and wants to sit silently with a caretaker at 3 a.m. Enjoying old movies, there is room for that without disrupting dozens of others.

This flexibility has a direct effect on agitation, specifically in residents with dementia. When individuals are not continuously being hurried, lined up, or asked to adjust to group schedules, they tend to be calmer and less resistant. Less agitation ways less occurrences that intensify to physical restraint, sedating medications, or emergency situation transfers.

I have seen households shocked by how a parent's "behavior issues" soften in a small assisted living or board-and-care home. A woman who struck staff in a big memory care unit stopped doing so when she might consume in a small group at a home-style table and spend afternoons folding towels in the kitchen. The behavior had been a communication of overwhelm, not an unchangeable character trait.

The function of smaller settings in respite care

Respite care is typically the very first real test of any elderly care plan. A brief stay offers everybody an opportunity to see how a setting manages unfamiliar regimens, medical conditions, and emotional needs.

In a big assisted living or memory care neighborhood, respite stays can be extremely structured: formal admission assessments, printed care plans, a set room for a restricted time, sometimes a minimum stay requirement. This works well for senior citizens who adapt quickly to brand-new environments and enjoy activity calendars filled with options.

Smaller homes tend to incorporate respite homeowners directly into daily life. There may be a spare bed room that ends up being "Grandfather's space," with the exact same caretakers and routines as long-term residents. On the first day, staff may take a seat with the household at the cooking area table, evaluation medications and preferences, and watch how the individual moves, consumes, and interacts.

For caregivers at home who are currently stretched thin, sending a loved one to a small residential home for respite can feel closer to handing them to an extended family. That sense of connection impacts how voluntarily

older grownups accept the break. A male who refused respite in a big structure with busy corridors in some cases agrees to "stay for a few days because home with the garden and friendly canine."

Respite is also where supervision quality ends up being noticeable rapidly. Families returning after a week can pick up on information: Is the laundry done and identified effectively? Does their loved one keep in mind staff names and feel at ease? Does the personnel recount specific events and preferences, or only describe generic "She did great"?

Family participation and transparency

One of the quiet strengths of smaller elderly care homes is the openness that features limited area. Households see more of what occurs, great and bad.

When you walk into a large senior care facility, you usually pass through a lobby, possibly a receptionist, then down corridors to a resident's room. You see a slice of life: a couple of staff, some citizens in typical areas, design, published menus and calendars. Much occurs behind doors and on other floors.

In a smaller home, you often step straight into the main living area. The cooking area smells are right there. You can hear how personnel speak with citizens, notification whether call lights are going unanswered, and see who is really on shift. If something feels off, it is challenging for the environment to hide it.



This visibility can strengthen collaboration. Households are most likely to have casual chats with caregivers, share observations, and adjust care together. That continuous conversation normally captures issues early: skin changes, mood shifts, family dynamics, financial questions. It also builds trust, which is vital when difficult decisions develop about hospitalizations, hospice, or transitions.

Trade offs and limitations of smaller settings

Small does not indicate best. Every design of senior care has trade-offs, and it is essential to take a look at them honestly.

One difficulty is staffing depth. A large assisted living community with 80 locals might have a nurse on website every day, plus several caregivers, med techs, and backup staff. If someone employs sick, there is generally a pool to draw from. In a 6-resident home, losing even one caregiver to disease can strain the team if there is not a solid backup plan.

Another issue is access to on-site services. Larger structures may offer on-site physical treatment, visiting professionals, pharmacy shipment numerous times a day, and transport vans. A small residential care home

might rely more on outdoors suppliers coming in or households arranging consultations. For highly clinically complicated locals, that additional coordination can be a burden.

Social range is likewise various. Some outbound senior citizens grow in a big neighborhood with dozens of possible buddies and numerous activities every day. They delight in the feeling of "heading out" to concerts, lectures, and exercise classes without leaving the structure. In a small home, the social circle makes love. For some, that seems like family. For others, it can feel limiting.

Regulation and oversight can differ too. In lots of regions, small facilities are licensed under various classifications with different assessment frequencies. Some are exceptional and securely run; others cut corners. Families can not assume that "home-like" immediately suggests "high quality."

The key is to match the setting to the individual's requirements and character, and then assess the actual operation of the home, not just its size.

A brief contrast: where small settings typically excel

Used thoroughly, a succinct comparison can clarify where small elderly care homes tend to have an edge. For many locals with security and supervision needs, smaller environments typically provide:

- Shorter action times when somebody needs aid or an alarm sounds.
- Closer observation and earlier detection of changes in health or behavior.
- More versatile everyday regimens that minimize agitation and resistance.
- Stronger staff-resident relationships, causing customized support.
- Easier family communication and higher transparency day to day.

These are tendencies, not assurances. Some big communities work hard to match or perhaps exceed these qualities. Still, the structural advantages of distance and familiarity are difficult to ignore.

How to evaluate a small elderly care home

For households considering a transfer to a smaller setting, the secret is not only "Is it small?" but "Is it well run, safe, and aligned with our needs?" It assists to ground the search in a short psychological list during visits.

Here is one straightforward method to focus your attention while touring or organizing respite care:

- Watch how staff talk with homeowners: tone, persistence, eye contact, and whether they utilize names.
- Notice smells and sounds: strong smells, constant alarms, or raised voices can signal problems.
- Ask particular questions about staffing ratios on nights and weekends, not simply weekdays.
- Look for detailed knowledge: can staff explain each resident's preferences and health issues?
- Clarify how emergencies, healthcare facility transfers, and interaction with households are handled.

You are not just purchasing a room; you are signing up with a small ecosystem. The quality of that community will form your loved one's safety and sense of home more than any brochure.

Where smaller settings suit the bigger senior care landscape

Elderly care is rarely a straight line. Many older grownups move in between levels and kinds of care over time: independent living, assisted living, memory care, hospital stays, experienced nursing, and hospice. Small residential homes and intimate assisted living settings fill an essential specific niche because landscape.

For those who are too frail or cognitively impaired to live alone, but who do not require the strength of a nursing home, a small setting can offer the best level of structure and guidance without sacrificing dignity and uniqueness. For household caretakers nearing burnout, a brief respite in a small home can prevent crisis and extend the possibility of ongoing care at home.

The pattern in numerous regions has actually been a steady shift toward these "home within a home" models. Some big schools now create their memory care or high-acuity assisted living as clusters of small households under one bigger umbrella. Each home might host 10 to 14 locals, with its own kitchen area and care group. That hybrid method tries to mix the intimacy of small homes with the resources of a big organization.

At its finest, elderly care is not about buildings at all. It is about relationships, routines, and responses to vulnerability. Smaller settings, when attentively staffed and well regulated, frequently make those human components much easier to provide. They produce environments where staff can truly understand citizens, where households can stay carefully included, and where safety is the outcome of constant, peaceful listening rather than periodic crisis response.

For households standing at the crossroads of senior care choices, taking note of size is not a small information. It is a practical method to forecast how well a setting will protect your loved one from avoidable damage, how closely they will be monitored, and how personally they will be supported in the daily organization of living the later chapters of their life.

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

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](tel:(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:(432) 217-0123), 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.