

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 home is among those choices families delay till they can not. A parent gets lost on a familiar street, a spouse starts roaming during the night, or medications pile up with no clear regimen. By the time you begin visiting, the stakes feel high and the window for cautious research study feels small. As somebody who has helped dozens of households make this relocation, I have learned that the best choices depend upon details you can not constantly see at a glance. Floor plans and fresh paint matter far less than personnel training, scientific coordination, and the day-to-day cadence of life on the unit.

This guide walks you through the essentials of dementia care in a devoted memory care setting, from safety engineering to end of life support. It shows you what to observe, which concerns to ask, and where the tradeoffs lie when expense, area, and medical complexity collide.

A focused definition: what memory care is and is not

Memory care is a specific type of assisted living tailored to people coping with Alzheimer's disease and other dementias. It mixes residential assistance with structured dementia care practices. The neighborhood might be stand-alone or a protected neighborhood within a larger assisted living residential or commercial property. Locals have private or semi-private rooms, shared dining, and constant staff who understand their histories and habits.

This is not a nursing home, though some communities operate under the very same larger umbrella. Proficient nursing facilities offer 24 hour licensed nursing and handle more complex medical needs, including post-acute

rehab. Memory care communities focus primarily on security, meaningful engagement, assistance with day-to-day routines, and habits management in a residential environment. The line gets blurred when a resident's health requires intensify. Understanding that border helps you pick a place that can manage your loved one's trajectory.

Safety should feel unnoticeable, not restrictive

Most households discover the keypad at the system door and stop there. Secured entry matters, however it is the discreet design choices that keep individuals comfortable and calm.

Good memory care design expects how an individual with dementia relocations through space. Clear sightlines reduce agitation. Corridors that loop back to a living location avoid dead ends that set off frustration. Shadow boxes outside rooms with familiar pictures hint acknowledgment better than door labels. Color contrast on floorings and handrails helps make up for depth understanding modifications. A safe and secure, level outdoor yard offers a pressure valve for uneasiness, particularly for individuals who paced avidly in earlier years.

I once visited 2 structures on the same afternoon: one had a gorgeous lobby and a locked door to memory care tucked in back. The unit itself was narrow, with long, dim passages and no natural light. The 2nd had less frills out front but opened straight into a bright living room with windows on two sides and a short walk to a garden. A week after move-in, the family in the second building reported less exit looking for behaviors and more settled afternoons. Environment is not design, it is therapy.

Ask about technology however enjoy how it is utilized. Bed exit alarms that roar throughout the system seldom help; quiet informs to personnel phones paired with purposeful rounding do. Door sensing units that log occurrences notify care plans when reviewed weekly. GPS tracking in enclosed areas is not required, but specific communities utilize wearable tags to comprehend patterns of motion during sundowning hours. The objective is not to keep an eye on for the sake of it, rather to prevent patterns from becoming crises.

Staffing, training, and the rhythm of the shift

Caregivers make or break a memory care home. Look beyond raw staffing numbers and concentrate on suitable for the work.

- Ratios: Normal direct care ratios in memory care range from 1 to 5 to 1 to 8 during daytime hours and 1 to 8 to 1 to 12 overnight, depending on state rules and constructing acuity. Ratios alone deceive. An unit with 20 homeowners might list three assistants and one nurse, but if 2 aides drift to other floors or invest an hour on admissions, protection thins at the worst moments. Ask how they set up meal times, bathing, and activities to prevent everybody requiring assistance at once.
- Training: Person focused dementia training ought to not be a one time orientation. Strong programs offer an initial 8 to 16 hours particular to dementia care, plus quarterly refreshers, behavior de escalation workshops, and hands on coaching on the flooring. Look for the language staff use. Do they state "behaviors" as an issue to be extinguished or as interaction to be understood?
- Tenure and turnover: An unit with three or four anchor assistants who have actually existed more than two years will feel various. Connection minimizes agitation since routines remain foreseeable. Ask the manager the number of very first shift aides have worked there more than a year and what percentage of staff are agency employees. Occasional agency protection is normal. Persistent dependence signals trouble with management or workload.

During a visit, view the cadence across a two hour window. Do staff move with function but without hurrying? Are locals waiting wish for the bathroom or handover at shift modification? A good system staggers meal seating,

begins toileting rounds before transitions, and brings activities to individuals who do not start [assisted living collierville tn](#) on their own. You ought to see a mix of group activities and peaceful one on one engagement, not simply TV or music in the background.

Care planning that really guides the day

Every memory care home will show you a thick binder of care strategies. The question is whether staff utilize it as a living document.

A significant plan catches a resident's life story and transforms it into day-to-day triggers. If your father as soon as fixed carburetors and enjoyed the smell of motor oil, the group might establish a weekly "store" time with familiar tools and textures. If your mother cooked for 6 children, the kitchen area can offer safe prep tasks, like shelling peas or setting napkins, so she remains engaged and happy. Excellent plans likewise anticipate triggers. For somebody who worked graveyard shift, personnel may permit a later morning and schedule a calming walk at sunset when restlessness peaks.

Ask how the team reviews plans. The best units hold brief, structured huddles weekly to evaluate one or two citizens whose requirements moved. They take a look at occurrence logs, appetite modifications, and sleep patterns, then test little changes. Allergies and medication modifications need to feed into the plan within 24 to two days. If you hear that strategies are examined quarterly just, anticipate a lag between what you inform them and what occurs on the floor.

Clinical oversight and when a community ends up being the incorrect level of care

Dementia does not take a trip alone. Diabetes, heart failure, COPD, and chronic pain all show up on the very same medication list. A strong memory care program develops medical scaffolding around the person instead of bouncing them in between silos.

Check which clinicians round on website. Some neighborhoods partner with house call physicians or nurse practitioners who visit weekly or biweekly. Others depend on outdoors primary care, which can work if transportation and handoffs are smooth. On site or closely associated rehab therapists, specifically physical therapists with dementia experience, are a plus. A signed up nurse on website throughout the day is common. Twenty 4 hour accredited nursing is less common in assisted living and typically signals a greater skill building.

Understand the limits that activate a transfer to the medical facility or a move to proficient nursing. For instance, duplicated goal pneumonias, uncontrolled seizures, or advanced injuries may surpass assisted living capacity. A frank conversation upfront prevents surprises later on. Ask how often residents are sent for preventable problems, such as dehydration or medication mistakes, and what the group learned from those events.

Medication management should have special attention. Antipsychotic usage for dementia associated behaviors need to be cautious, time restricted, and tied to clear goals, with non drug techniques first. If you see a high percentage of homeowners drowsy in the afternoon or slumped at meals, that can signify over sedation. On the other hand, cautious pain management frequently enhances agitation and mobility. An excellent nurse will talk about stepwise approaches and regular deprescribing reviews.



Activities that serve the individual, not the calendar

A posted calendar loaded with occasions looks assuring. What matters is whether individuals with various levels of cognition can access meaningful engagement throughout the day.

I try to find three layers. Initially, foreseeable anchors like breakfast at consistent times, an early morning stretch, and music or storytelling after lunch. Second, versatile stations in typical spaces that invite use without instruction, such as memory boxes, arranging trays, art materials, and tactile objects. Third, individualized minutes inserted into daily care, like singing a resident's preferred tune while assisting with dressing or strolling the long passage to "examine the mail" for somebody who as soon as delivered letters.

Beware one size fits all activities that over stimulate. A loud trivia game may thrill a subset and exhaust others. A much better method is small groups customized to sensory tolerance. You ought to also see engagement on weekends and evenings, not only during business hours when households tour.

Dining, hydration, and the psychology of meals

Nutrition slips not only due to the fact that of hunger changes however likewise since of executive function. A lot of utensils or options can paralyze an individual with dementia. Communities that do meals well streamline table settings, plate food with strong contrast for visual cues, and offer finger foods for residents who have difficulty with cutlery. Hydration is built into the day with noticeable, attractive options, not simply a water pitcher on a cart.



I worked with a resident who had actually lost ten pounds in two months before moving into memory care. In your home, dinner arrived on a congested tray. In the neighborhood, the group changed to two smaller sized courses in series and offered a familiar mug of warm tea at the start. She started ending up 75 to 100 percent of meals and stabilized within four weeks. No magic, just reduced cognitive load and a social setting that nudged her to start.

Ask the cooking area to serve you a meal. Look around the room at pace and assistance levels. Are aides seated at eye level utilizing turn over hand prompts, or backing up locals in a rush? Are adaptive utensils and plate guards available? Does the menu change for cultural and religious choices, and does the structure accommodate physician bought diet plans without turning every plate into something unrecognizable?

Family partnership and interaction that appreciates time and emotion

Families bring the story. The best memory care groups tap that understanding early and keep listening. You must expect a structured consumption meeting within the very first week, a 1 month review after move-in, and scheduled care conferences 2 to four times annually or regularly if needs alter. Outside those conferences, communication needs to be foreseeable and particular. A quick weekly upgrade by phone or e-mail can go a long method. Daily messages about small issues frequently overwhelm and trigger anxiety.

Clarify how the group escalates concerns. For example, if your mother falls without injury, will you hear instantly or at the end of the day? What constitutes a middle of the night call? Functions should be clear, too. The nurse deals with clinical updates. The life enrichment director shares engagement highlights. The care supervisor coordinates appointments and transport. When families know whom to call, little issues stay small.

Cost, agreements, and why the cheapest month can be the most pricey year

Memory care pricing designs vary. Some charge an all inclusive monthly fee. Others layer care charges on top of space and board, typically in tiers or by means of a point system tied to support levels. A resident who needs cueing for dressing and medication pointers may sit in Level 2 today and Level 4 6 months from now. Request a composed care level rubric with examples. If the community uses points, request the present point total and the limits for each tier.

Do not compare base rents alone. Imagine 3 circumstances and rate them throughout buildings: today's requirements, a moderate increase in support like two individual transfers or incontinence management, and a greater skill month with new habits, medical tracking, or hospice layering in. Consist of ancillary fees such as medication pass charges, transportation to offsite appointments, incontinence supplies, and cable television or

web. A neighborhood that looks pricier at baseline may cost less over 12 months if it manages escalations in house rather of defaulting to regular hospitalizations.



Ask about yearly boosts. Common bumps run 3 to 7 percent, with some years greater when insurance coverage or labor expenses rise. If you are navigating Medicaid or veterans advantages, understand eligibility and whether the building accepts those payers now or only after a personal pay period.

Reducing relocations by planning for what is coming next

People living with dementia often experience step-by-step declines rather than a smooth slope. Acute diseases, medication modifications, or ecological shifts can result in sharp drops in function. A proactive neighborhood prepare for those inflection points. They deal with hospice previously rather than later, so comfort focused assistance can layer in while a resident stays in familiar surroundings.

Ask how the building deals with two person transfers, non weight bearing residents, and feeding support. A memory care unit that can flex to those needs prevents disruptive relocations. At the same time, a responsible director will call limitations. If your father establishes frequent aspiration with considerable weight loss, the safer choice might be a proficient setting regardless of the disruption. Honesty builds trust.

Cultural fit, dignity, and the small signals that include up

Dementia care makes love work. Citizens should have to keep their identity and preferences, even as abilities subside. Notification how personnel address people. Do they utilize favored names without diminutives unless invited? Do they knock and wait before going into spaces? Are clothes and grooming consistent with the person's design, not a generic standard?

Pay attention to variety and inclusion. Do you see staff who speak your loved one's language or have translation assistance? Are vacations and foods culturally relevant? If a resident is LGBTQ+, ask how the neighborhood protects privacy and promotes belonging. One of my former citizens, a retired instructor, came alive when a caregiver brought in poetry from his native nation and check out for 10 minutes after lunch. It cost absolutely nothing and signified deep respect.

A quick field guide for tours

The finest way to evaluate a memory care home is to stand quietly and enjoy. If you can visit two times at various times, even much better. Utilize the list below to focus your attention without turning the visit into an interrogation.

- Ask to see the activity in action, not simply the calendar on the wall. See whether citizens engage and whether quieter individuals receive attention.
- Observe a mealtime for 15 minutes. Search for dignified assistance, adaptive utensils, and a calm noise level.
- Talk with an aide, not just the manager. Ask what training they had this year and how they get assistance when somebody is distressed.
- Request the last 3 months of state study summaries or quality audits and how the team fixed any deficiencies.
- Walk the outside space. Is it secure, accessible, shaded, and used by homeowners during your visit?

Common red flags that should have a second look

Some warning signs are subtle. Others strike you as quickly as you step off the elevator. If you encounter any of these, slow down and ask more questions.

- High reliance on agency personnel with no clear strategy to employ long-term caregivers, especially on weekends and nights.
- Strong disinfectant or urine smells that continue throughout different hallways and times of day, suggesting persistent housekeeping or continence care issues.
- Residents not dressed for the time of day or season, or several individuals in wheelchairs lined up at the nurses station without any engagement.
- Defensive responses to specific concerns about falls, elopements, or medication errors, instead of transparent discussion with data and finding out points.
- A locked system with bad sightlines, no natural light, and no available outside location, which often associates with greater agitation.

The relocation itself and the first six weeks

Even the best memory care community can not eliminate the stress of transition. Plan the move for a time of day when your loved one tends to be calm. Bring familiar products that carry psychological weight: a preferred blanket, framed images, a well worn cardigan, an easy radio pre tuned to a cherished station. Deal with staff to time arrival near a meal or activity so there is an instant anchor.

Expect a modification duration of two to 6 weeks. You might see more confusion initially as regimens reset. Resist the desire to visit for long hours daily if it appears to escalate distress. Short, foreseeable visits typically work better. Ask the team to call you with one favorable story every couple of days, even if small. Those moments remind everyone, including you, that development in dementia care hardly ever looks linear however typically looks meaningful.

When memory care is not the answer

Home care with a dedicated caretaker can be the right setting for longer than many families assume, especially if a spouse or adult child coordinates and there is a safe environment with supervision. Adult day programs coupled with home support can bridge the middle stage. Alternatively, for somebody with significant medical intricacy, a skilled nursing center with a protected memory system might be safer and more sustainable than assisted living memory care.

There are edge cases. A person with frontotemporal dementia may be younger, physically strong, and display disinhibition that strains a conventional unit. Search for neighborhoods with experience in early beginning cases and shows that channels energy safely. Someone with co existing serious mental illness might need a closer link to psychiatric service providers. Do not be afraid to ask very specific circumstance based questions. The ideal fit acknowledges the nuance, not just the diagnosis.

Final thoughts that guide a durable choice

A strong memory care program is not a set of features. It is a culture of attention. You will acknowledge it in the method the director knows each resident's backstory without glancing at a chart, in the aide who crouches to eye level and waits ten seconds for a reaction instead of rushing the job, and in the nurse who calls you to state, "We tried music before medications today, and it worked. Let us keep screening that."

If you leave from a tour feeling not just that the structure is safe, however that the group wonders and modest, you have likely discovered a great partner. When cost and location force tradeoffs, favor depth of training and leadership stability over decoration. Memory care rests on individuals, procedure, and place, because order. When those pieces line up, residents suffer fewer avoidable hospitalizations, families sleep much better, and life regains a rhythm that feels, if not like in the past, at least like itself.

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

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](tel:(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](tel:(901)286-3455), visit their website at <https://beehivehomes.com/locations/collierville/> or connect on social media via [Facebook](#) or [Instagram](#)

[Carrabba's Italian Grill](#) offers family-friendly dining that complements Assisted Living, Memory Care, Senior Care, Elderly Care, and Respite Care visits.