

**Business Name:** BeeHive Homes of Clovis

**Address:** 2305 N Norris St, Clovis, NM 88101

**Phone:** (505) 591-7025

## BeeHive Homes of Clovis

Beehive Homes of Clovis 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.

[View on Google Maps](#)

2305 N Norris St, Clovis, NM 88101

### Business Hours

- Monday thru Sunday: 9:00am to 5:00pm

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Families hardly ever start investigating memory care on a peaceful weekend with endless time. More frequently, they are working on little sleep, juggling work and medical visits, and trying to keep a loved one safe in a home that no longer fits their requirements. I have strolled plenty of corridors with children, children, and partners who feel two things at once, grief at the decline and relief at the possibility [elder care](#) of help. The very best memory care homes earn that relief. They construct days that feel familiar and dignified, support capabilities that remain, reduce risks without stripping away freedom, and keep people connected to their own life story.

That does not happen by accident. It comes from a viewpoint of care that is lived out minute by minute, from breakfast routines to bedtime, from how a team member approaches a resident who is anxious to how the group handles a bad night. If you are comparing communities, keep your eye less on the lobby chandelier and more on on rhythms, staffing, and how individuals spend their time.

## A care approach you can see, not just read

Every pamphlet assures person centered care. In practice, you should be able to see it within 5 minutes of entering a memory care home. View the little interactions. Does a caregiver crouch to eye level and use the resident's name before using assistance, or do they tug a sleeve and hurry the task? Are people pushed to the same activity at the very same time, or do you see variation due to the fact that needs and interests differ?

A great group assumes that, even with dementia, a person continues to have choices, routines, pride, and activates. For instance, I once dealt with a former mail carrier who became restless around 3 p.m. Since the personnel knew his background, they established a simple postal station with envelopes and bins. Many days he would sort for twenty minutes, then accept tea and a treat. Without that anchoring task, the same period ended up being a gauntlet of refusals and exit seeking.

Care that respects the person decreases distress behaviors, which in turn decreases the need for antipsychotic medications. You will not see a posted portion on the wall, however you can ask how the group approaches agitation and what non drug strategies they attempt initially. Listen for specifics, not slogans, and request for examples customized to different kinds of dementia.

## **Daily rhythms that protect function**

Cognitive change scrambles a person's internal clock. Terrific memory care homes produce a stable external one. The day has a contour that duplicates, not a rigid schedule that forces everyone into the exact same slot, however predictable anchors that lower anxiety.

Mornings normally work best for getting things done. A skilled caretaker will start by orienting carefully, opening blinds, cueing with familiar music, and offering one clear option at a time. They might lay out clothes in series instead of hand over a full stack. Bathing is provided when the resident is most likely to accept it, whether that is before breakfast or early afternoon. Caretakers prevent hurrying, because speed is the opponent of cooperation.

Meals are both nutrition and therapy. People with dementia frequently drop weight for reasons that include decreased appetite, sensory modifications, and trouble coordinating utensils. A smart dining program uses high contrast plates, finger foods that are dignified rather than childish, and versatile seating so a resident can eat next to a favored buddy or in a quieter corner if noise overwhelms them. Hydration is developed into the day. The greatest programs track fluid intake in an unobtrusive way, using little portions throughout the morning and afternoon rather than a single big cup that goes untouched.

Afternoons in some cases bring uneasiness, particularly in Alzheimer's disease. This is when the environment and staffing matter even more. Instead of cluster individuals around a TELEVISION, the team needs to offer light movement, one to one visits, or purposeful tasks that match an individual's history. Dim lights and unstructured time near late afternoon frequently backfire. A basic regular helps, tea, a snack with protein, a brief walk outside if weather condition permits, and music that signifies the shift to night. At night, the staff needs to understand who is susceptible to waking and how to react. Some homes change lighting to lower glare and shadows, which can trigger misinterpretations and fear.

Memory care staffing ratios vary by state guidelines and company policy, however in practice you ought to see enough individuals on the flooring to handle both scheduled activities and spontaneous needs. Lots of strong programs keep up roughly one caretaker to 6 to 8 citizens throughout the day, in some cases tighter in small homes, with a nurse or med tech available and a supervisor who exists, not simply on call. Overnight ratios are frequently leaner, one to 10 or one to twelve, so ask how they deal with a two individual assist at 2 a.m. And what backup looks like.

## **Activities that do more than fill a calendar**

Look past the monthly calendar and watch a common Tuesday. In a great memory care home, activities do not feel like a school assembly. They seem like reality. The objective is not to keep individuals busy, it is to provide a factor to move, think, interact socially, and contribute.

When I evaluate a program, I look for five hallmarks:

- Activities connected to individual histories, not generic styles, such as a retired carpenter sanding a project board, or a homemaker leading a basic baking group.
- A mix of group and one to one engagement so shy homeowners or those with innovative dementia still get attention.
- Repetition with variation, for example, a weekly music hour with tunes from a resident's era, but different tempos and instruments to welcome movement.
- Purposeful functions, such as setting tables, watering the herb garden, or welcoming visitors, to keep identity and agency.
- Adaptation for different stages, using cues, props, and streamlined steps so people can be successful without being dealt with like children.

Cognitive stimulation works best when covered in something pleasurable. An existing occasions lecture hardly ever lands, but a photo deck of vintage cars or mid century film posters illuminate acknowledgment. Brief reminiscence circles, 10 to fifteen minutes, assist people practice turn taking and memory retrieval without fatigue.

Movement matters. Balance and leg strength decrease if not utilized, and with that decline comes falls. Chair yoga, tai chi kinds adjusted for sitting, basic ball tosses, and strolling clubs are common. The point is consistency. Three brief bouts of activity most days help more than a single long class once a week.

Creative arts bypass damaged language pathways and promote state of mind. I have seen nonverbal citizens hum and sway during live guitar sets, then remain calmer for hours afterward. Art ought to be process based, not graded, with strong paints, tactile materials, and no pressure to make something representational. Poetry circles, where a facilitator checks out a couple of lines and welcomes a word or gesture in reaction, can work even late in the disease.



Intergenerational visits can be golden or chaotic, depending on preparation. The best ones are structured, parlor game with big pieces, easy crafts, shared reading, or music, and kept to thirty to forty minutes. The energy lifts the room, and both sides benefit.

Outdoors is non negotiable when weather allows. Sunlight assists control sleep wake cycles and cravings. A safe courtyard with a looping course, seating in sun and shade, and plants that invite touch and odor offers staff alternatives besides another lap of the hallway. Sensory gardens with herbs like rosemary and mint do well. Raised beds let individuals garden without deep bending.

## **Therapies that integrate, not isolate**

A memory care home is more powerful when treatment is a thread, not a different room residents visit two times a week. Occupational treatment can assist with dressing strategies, adaptive tools for dining, and environmental tweaks that minimize confusion. Physical therapy targets strength, balance, and gait, especially after a hospitalization or fall. Speech language pathologists do much more than speech, they assist with swallowing security, communication methods, and cognitive workouts tailored to the individual's level.

Ask how often citizens get treatment when there is no acute trigger. Some communities rely on regular screens to capture decline before it causes a crisis. Others construct short, focused treatment blocks into the first month after relocation in, which can avoid setbacks and boost confidence.

Music treatment and art treatment, when delivered by experienced therapists, reach people standard talk treatment can not. A licensed music therapist does not merely play songs. They can use rhythm to arrange movement, melody to hint speech, and carefully selected playlists to regulate stimulation. Families frequently bring playlists constructed from favorite periods and artists, which becomes part of the day-to-day toolkit.

You may also hear about recognition treatment, which meets a person in their viewed reality rather than forcing correction, and Montessori based dementia care, which breaks jobs into steps with clear visual hints and offers significant roles. Both are genuine methods when done attentively. They depend on staff training and consistency more than expensive equipment.

Some homes advertise multisensory spaces with soft lighting, gentle sounds, and tactile objects. These areas can help throughout agitation if the group utilizes them well. The secret is intentional usage, no one is soothed by a room that becomes a catchall storage space or is too revitalizing. Ask to see how and when it is used, and what results they track.

## **Safety that does not feel like a lockdown**

Residents need flexibility to stroll, explore, and engage without stepping into danger. Great style makes the safe option the easy one. Hallways should loop back rather than dead end. Exits are secured per guidelines, frequently with keypads or delayed egress, but ought to not control the visual field. Memory boxes by doors help wayfinding. Restrooms are easy to identify without hunting.

Technology can add a layer, door sensors that signal personnel if someone opens a gate, movement sensing units in rooms for over night checks, and wearable devices that track location within the building. The objective is to support personnel, not change them. I constantly ask which signals go where, and how the team avoids alarm tiredness, because a constant chorus of beeps helps no one.

Medication management is important. In a well run memory care home, a nurse or trained med specialist supervises ordering, storage, and administration with double checks to avoid missed or duplicative dosages. Changes in medication often speed up behavioral shifts, so great groups monitor for adverse effects when a prescription is included or adjusted.

Falls can not be removed, but threat can be decreased. The day-to-day program represent typical risk times, after toileting, late afternoon, shifts. Shoes fit, floorings are non glare, chairs are the ideal height, and movement help are within reach and motivated instead of hidden.

## **Dining, dignity, and genuine nutrition**

The dining room tells you a lot. Do people look engaged and comfy, or is the room noisy and rushed? A terrific memory care home experiments, little plate sizes to lower overwhelm, dressings on the table for control, and personnel who hint with the very first bite instead of hovering. Menus should provide choice without a complex

choice tree, two or 3 choices works. Texture modified diet plans prevail, however they ought to be appetizing. Finely chopped proteins blended into sauces, soft-cooked vegetables, and finger foods like frittata slices, fish cakes, and melon cubes maintain flavor and dignity. Cold cereal at every meal is not a plan.

Weight is tracked, but numbers alone are not the objective. Energy and pleasure matter. Hydration carts with water, natural teas, and fruit infused choices make it easy to say yes more often. Homeowners with diabetes or heart disease need thoughtful substitutions, not dull plates that lead to skipped meals. Family recipes can often be adapted, a little bowl of a beloved soup moving weekly to the menu helps more than any supplement drink.

## **An environment that minimizes friction**

Cognitive load is the surprise tax of dementia. The environment can add to it or lighten it. Clear signs with words and photos helps. So do memory hints, a red sweater curtained over a chair near the dining-room, a favorite photo by a bed room door, a shadow box with tactile products from a past job. Lighting is even and warm, without shiny floors that look damp. Background sound stays low. TVs do not blare in typical spaces.

Smaller home designs, 8 to sixteen locals sharing a cooking area and living location, often feel calmer than large units. That said, some bigger neighborhoods have actually found out to create communities within a bigger footprint. Outside space must be easily available without opening a different door that requires personnel escort. A constant walking path with things to see and do offers movement a purpose.

Private spaces are important for dignity and sleep, however shared spaces can work when budgets are tight, specifically if there is enough typical area to avoid living at the bedside. Try to find tidy bathrooms, grab bars in the ideal locations, and shower rooms that are huge enough for 2 helpers to move safely.

## **Staff training, guidance, and culture**

Facilities market functions, but individuals make the location. Inquire about training in dementia care at hire and continuous. In numerous states, minimums are modest, eight to twelve hours at start and a handful of hours yearly. Strong companies go further, layering skills like nonverbal communication, de escalation, safe transfers, feeding assistance, and illness specific education. Annual refreshers in the series of 12 to 24 hr, plus training on the floor, keep skills lively.

Turnover happens in healthcare, however really high turnover interferes with relationships and routines. You will not get a best number. What you can ask is the number of brand-new faces locals meet in a week, how frequently they use agency staff, and how the manager supports the team during difficult shifts. A director who spends time on the flooring, not simply behind a desk, normally runs a steadier ship.

Ratios matter, but ratios without training and leadership do not fix much. Expect how personnel talk about homeowners. Are they numbers on a board, or individuals with histories? Listen in a hallway, you will hear the culture in casual remarks.

Communication with households should be routine and 2 method. Search for a plan that includes arranged updates, fast calls after a fall or medication modification, and an open door for visits and care plan meetings. Technology websites help some households, but a relationship with a genuine individual is what matters when something goes wrong at 7 p.m. On a Friday.

## **What to ask and see when you tour**

Most households will visit 2 or 3 options before choosing a memory care home. Bring a note pad and trust your eyes and ears. A couple of focused checks can reveal more than pages of marketing material.

- Watch for engagement in typical areas at different times of day, mid morning, mid afternoon, and early evening, and notice whether staff initiate contact without being asked.
- Ask who will be in the structure overnight, by role, not just the number, and what happens if two residents require hands on help at the exact same time.
- Request examples of how they have supported homeowners who wander, refuse care, or have sleep reversal, listening for practical steps instead of generalities.
- Review a sample menu and observe a meal if possible, keeping in mind portions, pacing, and whether staff sit at eye level when assisting.
- Ask about shifts to greater levels of care, on website or by transfer, including how they collaborate if hospitalization is needed and how they support return to routine.

If a home can not accommodate a short-notice visit, that is not a red flag by itself, however it informs you something about staffing and rhythm. Come by at a various time unannounced if you can. Smells should be neutral to pleasant. A consistent smell of urine suggests spaces in toileting regimens or laundry flow.

## **Measuring quality beyond glossy ratings**

Public rankings and evaluation reports are a starting point. They inform you whether a facility satisfies baseline guidelines, not whether it creates good days. Many strong neighborhoods track internal metrics they will share if asked, hospital transfer rates, weight stability, falls per resident month, resident and family satisfaction, and how often psychoactive medications are used and reviewed. Expect ranges instead of single month pictures, because these numbers move with case mix.

Ask how they utilize data to change practice. For instance, if falls spike in between 4 and 6 p.m., what did they do about it, staffing adjustments, activity modifications, lighting tweaks? If weight-loss approaches, did they include a snack cart, modify textures, or involve a dietitian more intensely? A group that utilizes their own info to course right is more likely to sustain quality.

## **Memory care within assisted living, or standalone homes**

You will find memory care housed within larger assisted living communities and also standalone memory care homes. Each model has strengths. Within assisted living, you may see more amenities, broader therapy gain access to, and much easier transitions if a spouse resides in the basic side. The possible drawback is a less specialized culture if leadership spreads attention throughout multiple service lines. Standalone memory care homes tend to be smaller sized and more concentrated, with personnel who do dementia care all day, every day. They can also feel more intimate, which some households value.



**Nate Manning**

CEO



**Darlene Marshall**

Administrator



**Michael Manning**

COO

Cost varies widely by region and level of requirement. Personal pay daily rates for memory care typically run 10 to 30 percent higher than basic assisted living due to staffing and safety features. Anticipate a variety that might be a few thousand dollars monthly in some markets to well above that in city centers. Clarify what is consisted of. Some neighborhoods bundle care into tiers, others charge point by point for bathing support, incontinence care, or medication management. Ask about Medicaid approval if that is part of your strategy, considering that not all memory care homes contract with state programs.

## **Edge cases and customizing for different dementias**

Not all dementia looks the same. Alzheimer's illness, vascular dementia, Lewy body dementia, and frontotemporal dementia bring unique patterns. A resident with Lewy body dementia may have vivid visual hallucinations and move unpredictably due to Parkinsonian features. The group requires to comprehend that antipsychotics can intensify signs for these people which varying attention is part of the disease. Lighting and contrast adjustments can lower misconception of shadows. Short, clear sentences help throughout attention dips.

Someone with frontotemporal dementia may have strong physical abilities but impaired judgment and impulse control. Stiff group activities and scolding do not work. Structured functions that transport energy, setting up chairs, providing napkins, or folding laundry, and a calm environment with clear borders can lower conflicts.

Vascular dementia typically presents with uneven capabilities depending on which areas of the brain are affected. A one size method stops working here. An excellent care plan identifies islands of strength to develop on.

Your concerns during a tour can reflect this subtlety. Ask the nurse or director to share a story, de identified, of how they adapted for a resident with a specific diagnosis, what worked, what did not, and what they learned.

## **When change is the best answer**

Even the very best memory care home can not hold every resident permanently. Development, medical complexity, or behaviors that present risk might require a relocate to a higher level of care or a specialized setting. What distinguishes excellent programs is how they manage the conversation. They include the household early, not at a crisis point. They coordinate with physicians, offer options, and work to keep the resident comfortable through the shift. They will likewise inform you when they think they can continue securely with additional assistances, such as increased observation or short-lived one to one staffing during a rough patch.

Families in some cases worry they have actually failed if a move is needed. You have not failed. Illness progress, requires change, and accountable groups respond to reality.

## Putting it together

A terrific memory care home seems like a location where people live, not simply a place where care is provided. The calendar has texture. The personnel exist and unhurried. Meals invite hunger. Therapies fold into daily life rather of differing. Precaution are invisible until needed. Families are partners, not visitors at the fringe.

If you focus on regimens, relationships, and how a day unfolds, you will see the difference. Trust your observations, request examples, and invest adequate time on the floor to enjoy the regular work of care. It remains in those regular minutes that self-respect is either safeguarded or lost. The ideal memory care home builds a thousand small wins into the day. For an individual living with dementia, and for the household who likes them, those wins include up.



BeeHive Homes of Clovis provides assisted living care

BeeHive Homes of Clovis provides memory care services

BeeHive Homes of Clovis provides respite care services

BeeHive Homes of Clovis supports assistance with bathing and grooming

BeeHive Homes of Clovis offers private bedrooms with private bathrooms

BeeHive Homes of Clovis provides medication monitoring and documentation

BeeHive Homes of Clovis serves dietitian-approved meals

BeeHive Homes of Clovis provides housekeeping services

BeeHive Homes of Clovis provides laundry services

BeeHive Homes of Clovis offers community dining and social engagement activities

BeeHive Homes of Clovis features life enrichment activities

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

BeeHive Homes of Clovis promotes frequent physical and mental exercise opportunities

BeeHive Homes of Clovis provides a home-like residential environment

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

BeeHive Homes of Clovis assesses individual resident care needs

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

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

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

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

BeeHive Homes of Clovis has a phone number of (505) 591-7025

BeeHive Homes of Clovis has an address of 2305 N Norris St, Clovis, NM 88101

BeeHive Homes of Clovis has a website <https://beehivehomes.com/locations/clovis/>

BeeHive Homes of Clovis has Google Maps listing <https://maps.app.goo.gl/SMhM3zbKaKgR1UAX6>

BeeHive Homes of Clovis has TikTok page [https://tiktok.com/@beehivehomes\\_clovis](https://tiktok.com/@beehivehomes_clovis)

BeeHive Homes of Clovis has Facebook page <https://www.facebook.com/beehiveclovis>

BeeHive Homes of Clovis has Instagram page <https://www.instagram.com/beehivehomesclovis/>

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

BeeHive Homes of Clovis won Top Assisted Living Homes 2025

BeeHive Homes of Clovis earned Best Customer Senior Service Award 2024

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

## **People Also Ask about BeeHive Homes of Clovis**

### **What is BeeHive Homes of Clovis Living monthly room rate?**

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The rate depends on the level of care that is needed. We do a pre-admission evaluation for each 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?**

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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?**

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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?**

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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?

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Yes, each home has rooms designed to accommodate couples. Please ask about the availability of these rooms

## Where is BeeHive Homes of Clovis located?

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BeeHive Homes of Clovis is conveniently located at 2305 N Norris St, Clovis, NM 88101. You can easily find directions on [Google Maps](#) or call at [\(505\) 591-7025](#) Monday through Sunday 9:00am to 5:00pm

## How can I contact BeeHive Homes of Clovis?

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You can contact BeeHive Homes of Clovis by phone at: [\(505\) 591-7025](#), visit their website at <https://beehivehomes.com/locations/clovis/> or connect on social media via [TikTok](#) [Facebook](#) or [YouTube](#)

Conveniently located near Beehive Homes of Clovis [North Plains 7 Allen Theatres](#) a great movie theater with full food & drink menu. Catch a movie and enjoy some great food while you wait.