

**Business Name:** BeeHive Homes of Levelland

**Address:** 140 County Rd, Levelland, TX 79336

**Phone:** (806) 452-5883

## BeeHive Homes of Levelland

Beehive Homes of Levelland 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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140 County Rd, Levelland, TX 79336

### Business Hours

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

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Families often inform me the very first tour felt persuading, the brochure looked warm, and the sales pitch sounded right. Then, two months after relocating, the truth on the night shift did not match the guarantees made at midday. Memory care succeeds or stops working in the small hours of everyday life, not in the lobby during an assisted visit. That is why a short, structured respite stay is one of the most reputable methods to choose the right neighborhood for long-term dementia care.

I have helped ratings of households put a parent or spouse after months of stress at home. The strongest moves rarely started with a deposit. They started with a trial, normally a respite stay of 7 to thirty days. An excellent respite stay shows you how your loved one sleeps, consumes, and settles with a new routine. It reveals you how the care team handles confusion at 5 a.m., lost dentures, or a high blood pressure spike after lunch. Most importantly, it offers your loved one an opportunity to feel the location, not just visit it.

## What respite remains look like in memory care

Respite care in a memory care neighborhood is a short-term, supplied stay with access to the very same services that irreversible citizens receive. The exact setup varies, but a few patterns hold:

- Duration and timing. Many programs provide stays from 7 to one month, though I have actually seen 3-day minimums for urgent caregiver breaks and 45-day alternatives when a home remodelling or recovery is underway. The calendar matters, since weekends and holidays can reveal various staffing patterns than midweek days.

- Suites and furnishings. Respite suites are normally furnished, that makes quick starts easier. That said, little individual touches speed orientation. A familiar quilt or a framed wedding event picture typically has more settling power than a new armchair.



- Rate structure. Expect day-to-day rates that fall in between the community's published month-to-month rate divided by 30 and a 10 to 25 percent premium for short-term versatility. If the neighborhood uses level-of-care pricing, the respite rate might include just a base tier, with supplements included for insulin administration, 2 individual transfers, or regular redirection.
- Assessment and documentation. Even for a brief stay, neighborhoods complete a nurse assessment, review medications, and request a doctor's orders. Some require a tuberculosis screen or chest X-ray within the in 2015, and proof of COVID and influenza vaccination or a waiver. A brief service plan is constructed from that consumption and must not be an afterthought.
- What is consisted of. Meals, housekeeping, activities, and basic personal care are standard. Treatment services, personal caretakers, and outside visits are typically billed separately. Transport for medical visits throughout respite may not be readily available or may carry a fee.

These guardrails exist for good reason. Memory care is not a hotel, it is a customized type of senior care that mixes scientific regimens with life. The evaluation step, even if it feels governmental, is where a community chooses whether it can securely fulfill your loved one's needs.

## What a tour can not show, and a trial can

A tour is staged. A respite stay is lived. A number of critical truths emerge just when somebody sleeps, showers, and eats in the space.

Nighttime rhythms come into focus. If your dad sundowns, does staff catch the early indications and motivate calming regimens, or do they rely on a sedative? If he wakes at 3 a.m. And wanders, does he experience individuals who understand his name, or locked doors and alarms without any response?

The true staff ratio shows itself. Published ratios are averages. The ratio that matters is who is on the flooring, awake, and engaged at the moments of care. You will notice if the same three aides keep appearing, calm and constant, or if every day seems like a new cast of strangers.

Meals tell you more than menus do. See whether staff notification if someone stops eating halfway through or needs hints to cut food. See if finger foods are readily available for those who pace. A person with dementia can lose five pounds in a month if meal assistance is weak.

Activity programs reveal engagement design. Calendars can look full without depth. During respite you can see if the 10 a.m. Activity draws individuals from their rooms, if staff adjust jobs for different cognitive levels, and if

quieter locals get one to one time.

Medication management ends up being visible. Hold-ups, careless handoffs, and pharmacy problems surface in the very first week. A proficient medication aide presents themselves, describes changes in plain language, and documents rejections without drama or blame.

Most households also detect tone. Some neighborhoods run on rushed compliance. Fantastic memory care runs on relationships. The difference feels apparent within a few days.

## What to view during a respite trial

Use the stay to gather real, concrete observations rather than basic impressions. A short list assists focus your time.

- Transitions: Keep in mind the very first three mornings and bedtimes. How long up until your loved one accepts help with dressing, bathing, or medications without agitation?
- Staff interactions: Count how many staff call your loved one by name, make eye contact, and crouch to their level rather than talking over them.
- Response times: Time the interval from pushing a call pendant to staff arrival a minimum of two times, once throughout the day and once at night.
- Engagement: Track the number of minutes your loved one invests in typical locations, and whether an activity holds their attention for a minimum of 15 to 20 minutes.
- Health markers: Weigh on arrival and departure, note hydration triggers, bowel pattern, and any skin modifications. Small shifts can foreshadow bigger issues.

I encourage families to keep an easy notebook. Brief dated entries beat hazy memory when you compare neighborhoods later.

## Preparing a person with dementia for a brief stay

A smooth respite begins days before arrival. People dealing with cognitive modifications read more from tone, speed, and environment than from descriptions. Frame the stay in language that matches your loved one's truth. For someone who misses out on office life, call it a momentary task while your home gets serviced. For a retired teacher, explain it as helping out at a friendly program.

Pack light, but pack clever. Three or four attires that are simple to put on and take off, supportive shoes, and identified socks prevent morning delays. Bring present prescriptions in original bottles unless the neighborhood requires pharmacy blister packs. Include hearing aids with an identified case and extra batteries, glasses with [senior care](#) a strap, and denture cups with names. Label everything, consisting of the quilt and sweater. Communities try, but laundry is an effective great void in any shared setting.

Create a one page life story. Consist of preferred name, past career, regimens, activates, soothing strategies, preferred foods, music that soothes, bath choices, and key household contacts. Include a little photo collage. Great teams will publish this at the workstation or in the space, and you will see assistants use it to trigger conversation and minimize distress.

If you use tracking technology in the house, like a GPS watch, ask how it fits with the neighborhood's policies. Lots of memory care units have secure perimeters and will want to collaborate settings to prevent incorrect alerts.

## Working with the care team throughout the stay

The assessment is not a one time occasion. Use the first 72 hours to fine-tune the care plan. Share concrete examples of behaviors that respond to certain methods. If your partner accepts medication with yogurt but refuses with water, put it in writing. If your father gets agitated by rushed cues, ask personnel to slow the sequence and decrease verbiage.

Arrive at a little various times over the first week. Early morning and late afternoon offer the clearest picture. Keep your visits encouraging, not supervisory. Neighborhoods work best when households are partners in dementia care, not enemies. That stated, continue with respectful uniqueness. Vague feedback produces vague modification. Mention what you appreciate with the very same accuracy. Staff notice.

Ask to evaluate vital indications and medication administration records before discharge from the respite. You will see if a standing PRN was used for agitation, or if a bowel program needs adjustment. A small, early tweak can prevent a waterfall of problems.

## **Reading the fine print around expense and commitments**

Respite is shorter, but the financial guidelines matter. Clarify whether there is a different respite agreement or if it falls under a basic residency contract. Ask if a portion of the respite cost converts to a credit versus an eventual relocation in charge. Some neighborhoods waive the neighborhood fee if you move within 30 to 60 days of a respite stay.

Understand what the everyday rate covers. In level based pricing, the base rate may not consist of diabetic management, specialized injury care, or 2 individual transfers. If the nurse will reassess care level mid stay, ask how changes are interacted and priced. For a 2 week stay, a level action up midway through can include a number of hundred dollars unexpectedly.

Get clear on deposit, refund, and cancellation rules. If your loved one declines to stay or is hospitalized on day 2, you require to know whether costs prorate. Ask who is economically accountable for losses, spills, or damaged furnishings in a provided respite suite. This hardly ever ends up being a concern, but dementia care lives in the real world of accidents.

Insurance coverage for respite is restricted. Traditional Medicare does not cover custodial respite in memory care communities. Some long term care insurance coverage reimburse brief stays if preauthorized and if the neighborhood meets licensure requirements. Veterans may qualify for minimal respite benefits through the VA, either in VA contracted centers or through versatile in home assistance. Validate with the insurance provider before you arrange the start date.

## **Clinical proficiency is the hinge that whatever swings on**

Memory care is not interchangeable from one structure to the next. The distinction depends on training depth, team stability, and the culture around habits. I listen carefully when personnel describe residents. Do they label individuals by difficulties, like wanderer or feeder, or do they tell you Mr. R likes jazz at 4 p.m. Since that is when he used to commute? This language hints at the operating system.

Ask about staff training hours particular to dementia care, not simply general orientation. I try to find at least 8 to 12 hours initially, with refreshers every quarter. Probe night shift training as separately as day shift. Question project patterns. Constant staffing constructs trust, and trust lowers medication usage over time.

If your loved one copes with Parkinson's dementia, Lewy body dementia, frontotemporal dementia, or combined vascular modifications, check out how the group adapts. These conditions do not present the very same needs. Visual hallucinations in Lewy body react improperly to numerous antipsychotics. Frontotemporal dementias

typically require structure that lowers impulsivity rather than redirection for memory gaps. Neighborhoods that comprehend these differences will describe specific approaches rapidly and confidently.

Look at nurse coverage. Numerous states need a nurse on call, however not on site, for assisted living level memory care. For somebody with complicated diabetes, anticoagulation, or cardiac arrest, I choose neighborhoods with on website nurse presence for at least part of the day, every day. If staffing is lean over night, trustworthy escalation to an on call nurse matters.

## **Daily life, not simply safety**

Families fret very first about safety, and that is proper. Safe exits, elopement procedures, and fall prevention are worthy of scrutiny. Yet lifestyle frequently turns on quieter functions. Are there flexible meal windows for people who wake late? Are snacks available for grazers who fight with 3 huge meals? Do locals sit at consistent tables that motivate social connection, or does seating shift in manner ins which confuse?

People with dementia often gain from regimens that blend predictability with option. The best activity calendars are not the busiest, they are the most personalized. A man who fished every weekend may connect with a weekly water themed sensory cart, not a generic bingo square. Ask how specific interests get woven into the program beyond one to one volunteers.

Outdoor access is another quality marker. Fresh air decreases agitation for lots of people, specifically those who paced when they were younger. A little secure patio utilized daily does more good than a large courtyard that opens two times a month.

## **Behavior assistance viewpoint tells you what occurs on hard days**

Every neighborhood declares it handles habits. Inquire about specific tools. I try to find nonpharmacologic methods built into daily routines, not just pulled out when there is a crisis. For example, do aides have quiet activity kits for uneasy citizens? Do they turn stimulating and calming spaces to handle energy? When a resident strikes out during individual care, do they stop briefly, march, and reapproach with a different employee, or push through and escalate?

Medication has a function in dementia care, especially for serious distress, anxiety, or psychosis. It should not be the default for staffing spaces or rushed routines. During respite you can read patterns. If a PRN is used 3 afternoons in a row, ask what occurred in the hours previously, not just what occurred at the moment of dosage.

## **Cost mathematics that appreciates caretaker reality**

Home care, adult day, and memory care are not apples to apples. Households frequently compare month-to-month community costs to their existing out of pocket in your home and see a huge jump. Include the unsettled hours you or a partner spend, the night wakings, and the opportunity expense of missed out on work. The calculus changes.

Daily respite rates typically vary from 150 to 300 dollars depending on area and care level. Adult day programs normally land between 70 and 140 dollars each day, frequently with transportation consisted of. In home aides can run 28 to 45 dollars per hour, with greater rates for nights and weekends. If your loved one requires near consistent supervision for security, a memory care respite can be both a break and an information rich trial rather than simply another expense.

If finances are tight, try a much shorter weekday focused respite to sample typical staffing, then arrange a weekend stay later to assess off hour coverage. Some communities provide reduced rates during low occupancy periods or credit part of the respite toward a future move. Ask directly. Sales teams have latitude they do not advertise.



## **A narrative from the field**

A child brought her mother to a 10 day respite after a hospitalization. In your home, the mother had actually started pacing during the night, knocking on next-door neighbors' doors by dawn, and refusing showers. The first 2 days at the neighborhood were rough. The mother tried to leave through the staff door, required her mother, and declined breakfast. The personnel did not push, however they did not pull back either. The activity planner noticed the mother stopped briefly at a hallway picture of a 1950s kitchen area. They printed a bigger copy and taped it inside her room near the bathroom. On day three, the daughter checked out early, and they tried the shower with music from the Andrews Sisters and a familiar green towel from home. It worked. By day five, the mother was going to a brief 9 a.m. Coffee group and consuming half a muffin. The daughter extended the respite to 21 days, then converted to long term. The choosing element, she informed me later on, was not that the behavior stopped. It was that the group kept adjusting, kept trying little, humane tweaks, and welcomed her to help shape them.

## **When the trial says no**

Not every respite ends in a relocation, and that can be a gift. One gentleman became more agitated during his 2 week remain despite supportive care. His family saw that he needed a memory care with a smaller sized, quieter environment and a nurse on site 12 hours a day due to complex Parkinson's medications. They used the notes from the respite to improve their search requirements, toured 3 communities that matched, and tried a second respite elsewhere. The 2nd setting fit. Had they signed a lease at the very first neighborhood, they would have been locked into a costly and demanding second move.

When a trial does not fit, share your observations when you decline. Good operators will ask for feedback and in some cases even point you toward a better match. The senior care world is smaller than it looks, and individuals talk. Expert courtesy can open doors for the next household too.

## **Turning a brief stay into a smooth long-lasting move**

If the respite feels right, you have a head start on a graceful transition. Use momentum while appreciating the person's pace.

- Ask the group to maintain the very same room and main aides if possible. Familiar faces and layout lower disorientation.
- Convert the respite care strategy into a complete plan with particular language about what worked during the trial.
- Move individual items in phases. Start with basics and a few favorites. Add more design gradually over the very first two weeks.
- Schedule family visits at consistent times the very first week post move, then gradually differ times so the resident engages even when you are not there.
- Set a thirty days check in with the nurse and administrator to examine weight, sleep, engagement, and any medication changes.

If the community charges a community cost or requires new documents, do not presume anything rollovered from respite. Check out again. Details drift between departments, especially when sales, nursing, and business offices each handle a piece.



## **Red flags that matter, even throughout a brief stay**

I prevent giant warning lists, but a couple of patterns deserve attention. If you see personnel canceling activities repeatedly since they are short, consider what else gets cut. If call lights go unanswered in the evening while you wait with your parent in the hall, do not rationalize it away. If the nurse can not explain medication changes plainly, or if the doctor is unreachable for days, anticipate more of the same later. If your loved one loses more than two pounds in a two week respite without an apparent reason, and nobody observed up until you asked, food support might be weak.

On the favorable side, when an assistant remembers a story from your father's Navy years and uses it later to relax him, you have seen relationship based care. When a janitor greets your mother by name and jokes gently about her love of lemon cookies, you have actually glimpsed a healthy culture that surpasses titles.

## **The role of respite even if a move is months away**

Caregivers typically are reluctant to try respite while they still handle in your home. They stress it signals surrender or that their loved one will feel abandoned. Used well, respite is not an ending, it is a tool. It can give a spouse 10 continuous nights of sleep to reset persistence and health. It can let you check driving patterns, like getting to a medical professional without two hours of coaxing. It can also act as a security valve for emergencies. If you have actually already finished intake at a community through a past respite, an unexpected hospitalization for the caregiver will not become a positioning crisis.

Some households set a cadence, two short stays each year. The individual with dementia experiences the environment as familiar, not foreign, which makes any future permanent move less jarring. Personnel know the individual, and their care plan is already a living document.

## Final ideas from the trenches

Choosing memory care is not about finding the prettiest structure or the lowest price. It is about the everyday fit in between an individual's dementia care needs and a group's capacity to satisfy them with skill and regard. A respite trial pulls that fit into view. It slows the decision enough to let you see what matters most while your loved one experiences the location beyond a lobby conversation.

If you treat respite as both a break and a field test, prepare well, partner with the team, and watch the peaceful details, you will enter long term care with more self-confidence. The ideal neighborhood will show itself not with pledges, however with steady, ordinary proficiency. Which is the ground you can build on.

BeeHive Homes of Levelland provides assisted living care

BeeHive Homes of Levelland provides memory care services

BeeHive Homes of Levelland provides respite care services

BeeHive Homes of Levelland supports assistance with bathing and grooming

BeeHive Homes of Levelland offers private bedrooms with private bathrooms

BeeHive Homes of Levelland provides medication monitoring and documentation

BeeHive Homes of Levelland serves dietitian-approved meals

BeeHive Homes of Levelland provides housekeeping services

BeeHive Homes of Levelland provides laundry services

BeeHive Homes of Levelland offers community dining and social engagement activities

BeeHive Homes of Levelland features life enrichment activities

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

BeeHive Homes of Levelland promotes frequent physical and mental exercise opportunities

BeeHive Homes of Levelland provides a home-like residential environment

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

BeeHive Homes of Levelland assesses individual resident care needs

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

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

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

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

BeeHive Homes of Levelland has a phone number of (806) 452-5883

BeeHive Homes of Levelland has an address of 140 County Rd, Levelland, TX 79336

BeeHive Homes of Levelland has a website <https://beehivehomes.com/locations/levelland/>

BeeHive Homes of Levelland has Google Maps listing <https://maps.app.goo.gl/G3GxEhBqW7U84tqe6>

BeeHive Homes of Levelland Assisted Living has Facebook page <https://www.facebook.com/beehivelevelland>

BeeHive Homes of Levelland Assisted Living has YouTube page <https://www.youtube.com/@WelcomeHomeBeeHiveHomes>

BeeHive Homes of Levelland won Top Assisted Living Homes 2025

BeeHive Homes of Levelland earned Best Customer Service Award 2024

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

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

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

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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?**

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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 Levelland located?**

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BeeHive Homes of Levelland is conveniently located at 140 County Rd, Levelland, TX 79336. You can easily find directions on [Google Maps](#) or call at [\(806\) 452-5883](#) Monday through Sunday 9:00am to 5:00pm

## How can I contact BeeHive Homes of Levelland?

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You can contact BeeHive Homes of Levelland by phone at: [\(806\) 452-5883](#), visit their website at <https://beehivehomes.com/locations/levelland/>, or connect on social media via [Facebook](#) or [YouTube](#)

Take a drive to [Lobo Lake](#) . Lobo Lake provides a peaceful outdoor setting where residents in assisted living, memory care, senior care, and elderly care can enjoy gentle walks or scenic views with caregivers and family during relaxing respite care outings.