

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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When families start to look seriously at senior care, 2 useful questions typically drive the search:

Can my parent still move safely?

And who will help with the basics of life when they cannot?

Mobility and activities of daily living (ADLs) are the spine of independent living. As soon as those start to decrease, the difference in between an excellent and bad care environment becomes extremely apparent, really quickly. Over a number of years dealing with older grownups and their households, I have seen small elderly care homes silently surpass larger centers in exactly these areas.

This is not about chandeliers in the lobby or a full calendar of occasions. It is about who is in fact there at 6:30 a.m. When your mother needs help to stand, or at midnight when your father with Parkinson's freezes in the hallway, unable to take a step.

Small homes tend to handle those moments better. Here is why.

What "Small Elderly Care Home" Really Means

The terminology can be confusing. Depending on your state or country, a small elderly care home may be certified as:

- a small assisted living residence

- a residential care home
- a board and care home
- an adult family home

Although the policies differ, what joins these designs is scale. Rather of 80 or 120 locals, a small home usually supports between 4 and 16 older adults, often in a converted single family home or a purpose constructed small residence.

Daily life feels closer to a family than an institution. You see it in the noises and rhythms: one kettle boiling, a tv in the living room, a caretaker talking with a resident while folding laundry. This physical and social scale ends up being a significant advantage when movement declines and ADL help becomes more complicated.

Why Mobility and ADLs Sit at the Center of Elderly Care

Before exploring why small homes work so well, it helps to be particular about what we are talking about.

Mobility covers a spectrum:

- transferring in and out of bed or a chair
- walking with or without an assistive gadget
- climbing a couple of steps
- getting in and out of a vehicle
- turning and repositioning in bed

ADLs are the bedrock of everyday function:

1. Bathing and showering
2. Dressing and grooming
3. Toileting and continence
4. Eating and drinking
5. Basic movement and transfers

When somebody moves into assisted living or another senior care setting, families often concentrate on medication management or social activities. Six months later, what they talk about is whether staff can safely help mom into the shower, or if dad has actually stopped strolling due to the fact that "it is much easier for personnel to wheel him."

Loss of mobility and ADL independence hardly ever takes place over night. It wears down through numerous small minutes. Maybe the walker is constantly simply out of reach. Maybe staff are hurried and start doing tasks for the resident rather than with them. Perhaps there is a long walk to the dining room and no one to pace it properly.

Small elderly care homes are constructed, nearly by mishap, to deal with those micro minutes more attentively.

The Power of Proximity: Layout and Day-to-day Flow

One of the most striking differences in between a small care home and a larger facility is simple distance. In a standard assisted living structure, I have actually determined 200 to 300 feet from a resident's room to the dining room. Include elevators, long passage stretches, and doorways, which can feel like a marathon for somebody with arthritis or heart failure.

In a small home, practically whatever is within 20 to 40 feet:

- bedrooms clustered near the main living location
- dining table within sight of the kitchen
- bathrooms near bedrooms, typically shared between two rooms

For mobility and ADL assistance, that proximity alters the whole equation.

A caretaker hears the walker scraping on the hardwood and instantly actions in to use a steady arm. The individual who requires a toileting suggestion passes the restroom numerous times a day as part of the natural home rhythm. If a resident with mild dementia forgets where the dining table is, they can still orient aesthetically from the bed room door.

The physical layout likewise makes it much easier to integrate movement into the day. I typically motivate caregivers in small homes to utilize "micro walks" instead of formal exercise sessions. Rather of scheduling thirty minutes in a physical fitness room, they stroll homeowners to the backyard for 5 minutes of fresh air, or do two laps around the living location before taking a seat for lunch. When everything is near, these bits of motion end up being realistic, even for frail residents.

Staff Ratios and Real Attention

The most constant advantage I have seen in smaller elderly care homes is staffing. It is not almost the number of individuals are on task, but where they are physically and what they are responsible for.

In a 60 bed assisted living building during the night, you may have 2 caretakers on a flooring plus a med tech floating between floors. Those caretakers are spread out across long corridors, with residents they might not understand effectively. Addressing a call light can indicate walking the length of the building.

In a 6 or 8 resident home, a single caretaker can hear a resident attempting to get up from a recliner chair, or see someone starting to stand without their walker. That early visual hint enables preventive support rather of crisis response.

Faster reaction times make a measurable distinction for mobility and ADLs:

- fewer falls when somebody attempts to toilet individually
- less incontinence when personnel can react to the very first request, not the third
- less dependence on bed alarms and other intrusive devices
- more confidence for citizens who understand somebody is nearby

Over time, those experiences shape how prepared an older adult is to try strolling to the bathroom or standing to dress. If each attempt is consulted with calm, timely support, they are most likely to keep trying. If attempts lead to slow responses or humiliating accidents, numerous quietly stop trying to move and postpone completely to staff. That is when movement collapses.

Familiar Deals with and Consistent Care

ADL help is intimate. Being bathed, toileted, or dressed by a turning cast of complete strangers is not just uneasy, it mishandles. Individuals hold back, they are less likely to communicate pain or lightheadedness, and they in some cases decline help altogether.



Small elderly care homes frequently keep a core group of 4 to 10 caregivers, with fairly little turnover compared to big senior care properties. Citizens see the exact same people across early mornings, evenings, and weekends. That familiarity has a number of benefits for mobility and ADL support.

[BeeHive Homes Of Andrews assisted living andrews tx](#)

First, caregivers develop an extremely comprehensive sense of each resident's "typical." They understand if Mrs. Patel typically requires a someone help to stand, and can quickly find when she unexpectedly requires more aid, perhaps indicating a new infection or medication side effect. I have actually seen small home caregivers pick up on early pneumonia just because "his transfer simply felt various today."

Second, locals are more accepting of aid when they understand who is providing it. A proud retired instructor may at first refuse bathing aid, but over weeks will develop trust with one caregiver and eventually accept support with washing her back or feet. That level of cooperation keeps health and skin integrity undamaged, lowering the risk of pressure injuries or infections.

Finally, constant caretakers can construct mobility assistance into existing regimens in a very personal way. They understand who enjoys holding onto the kitchen counter for balance practice while "helping" with meal prep, or who likes to walk the hallway to look at family images every evening.

Mobility Support: More Than Simply a Walker

Many families presume that as long as a facility offers a walker or wheelchair, movement requirements are covered. In practice, excellent movement assistance looks really different, especially in a smaller home.

The strongest small homes treat mobility as a daily therapy opportunity instead of a one time equipment purchase. A resident might start their stay needing 2 individuals to help them stand. Within weeks, with repeated short session and self-confidence building, they might advance to a someone stand pivot transfer.

Small homes can make this sort of progress since:

- staff exist throughout almost every transfer and can coach strategy
- distances are brief so walking attempts feel safe and manageable
- there is flexibility to change the speed without locking into stiff schedules

In one 10 bed home I dealt with, we had a resident with advanced COPD who insisted she "might not walk." In the big assisted living where she had remained formerly, personnel often used a wheelchair for speed. In the smaller home, caretakers motivated her to stroll just from the recliner chair to the restroom sink, with a chair

placed halfway in case she required to sit. Within a month she was walking a number of times a day, happy with each small distance.

Safe movement likewise depends upon clear pathways and simple environments. Small homes are simpler to keep uncluttered, and personnel are more likely to notice when a throw carpet curls or a cord crosses a hallway. That consistent, casual ecological scanning is difficult to duplicate in big complexes.

ADL Assistance as Relationship, Not Task List

On paper, ADL support in assisted living and small homes typically looks similar. Both might note help with bathing twice weekly, everyday dressing, and toileting as needed. On the flooring, however, the experience can be quite different.

In a bigger senior care setting with numerous citizens per caretaker, ADL assistance can become extremely task oriented: "I have 10 locals to get up and dressed before breakfast." This pressure motivates speed. Caregivers may lay out clothes, dress the resident quickly, and move on. It is efficient, however it quietly deteriorates skills.

In a small elderly care home, the same job might include guiding the resident to pick their clothing, sit at the edge of the bed, and pull on their own shirt with assistance only for buttons or socks. These differences sound subtle, however they preserve fine motor skills, balance, and a sense of autonomy.

Bathing is another location where the small home design shines. Lots of older grownups fear falls in the shower more than nearly anything else. In smaller homes, bathrooms are frequently just a few actions from the bed room, and caregivers can embellish routines. Some locals prefer evening baths when they are less rushed, others do better in the early morning after medications. This versatility is easier to accomplish when you are coordinating 6 homeowners rather of 60.

Toileting assistance is likewise naturally more responsive. Instead of relying greatly on "every two hours" scheduled toileting, caretakers can see individual patterns. If Mr. Gomez always needs the toilet after breakfast coffee, someone can be ready at that time, decreasing both accidents and unnecessary trips that tire him out.

Safety Without Over Restriction

Families frequently worry that a small elderly care home may be "less safe" than a larger, more medical looking building. In reality, safety is about systems and routines, not square footage.

Smaller homes have actually some built in safety benefits for mobility and ADLs:

- Staff can visually examine citizens regularly without it feeling invasive.
- Moving somebody with a walker throughout a living-room is safer than a long corridor trek.
- Residents rarely deal with crowds or crowded spaces that increase fall risk.
- Noise levels are lower, which helps residents with dementia stay calmer and more cooperative throughout care.

The flipside of security is over restriction. In some settings, out of worry of falls or liability, staff wind up doing practically everything for homeowners. Walkers remain parked in corners, and wheelchairs become the default.

In well handled small homes, there is more space for well balanced judgment. A caregiver who knows a resident's history can choose when to stroll side by side with a gait belt and when to enable a brief, supervised independent walk. They team up with physical and physical therapists who visit occasionally, then rollover those recommendations into everyday routines.

I have seen locals in small homes continue to utilize stairs, with rails and support, long after they would have been disallowed from stairwells in larger senior living buildings. That kept capability matters for quality of life and for circulation, strength, and balance.

How Small Residences Assistance Cognition Alongside Mobility

Mobility and ADLs do not live in a vacuum. Cognitive status affects both. Numerous small elderly care homes serve residents with mild to moderate dementia, and some focus on memory care.

For an individual with dementia, complicated structures can be disabling. Long, similar corridors trigger confusion. Elevators are difficult to navigate. Locals get lost looking for the dining-room or their own space, which leads to aggravation and, typically, decreased movement.

A small home's simple layout supports cognition and mobility together. A resident can normally see the kitchen, living room, and typically the garden from a central spot. They find out the space rapidly and can move more with confidence within it. Less people also implies less faces to track, which reduces agitation.

During ADL tasks, familiar caregivers can use customized cues. They understand that Mr. Chen reacts much better if you play his favorite 1960s playlist throughout bathing, or that Mrs. Andrews needs a step by action verbal prompt while she brushes her teeth. These small cognitive supports make the physical job much safer and less distressing.

Because small homes operate more like households, homeowners with dementia often take part in light tasks within their capability: folding towels, setting napkins on the table, watering plants. These activities offer natural movement that feels purposeful instead of therapeutic.

Respite Care in Small Homes: A Test Drive for Families

Many households first experience small elderly care homes through respite care. A parent might require a week or a month of assistance after a hospitalization, or while the primary family caretaker takes a break.

Respite remains in a small home can be especially effective for understanding how mobility and ADL needs are handled. With just a handful of residents, personnel rapidly be familiar with the temporary visitor and can adjust routines within days. I have actually seen respite citizens show up requiring comprehensive support, then leave strolling more gradually and accepting help more calmly due to the fact that the environment decreased their stress.

Respite care also gives households an opportunity to observe:

- how often personnel walk with residents instead of defaulting to wheelchairs
- how toileting and bathing are scheduled (or flexibly dealt with)
- whether locals appear rushed during early morning and night routines
- how caretakers manage resistance or fear during ADL tasks

For adult kids who are unsure about moving a parent into long term senior care, a positive respite experience in a small home can be an eye opener. It reveals what truly personalized mobility and ADL assistance looks like, as opposed to what is often promised in glossy brochures.

Trade Offs and Limitations of Small Elderly Care Homes

No care model is best. While I see clear benefits of small homes for mobility and ADLs, there are honest trade offs to consider.

Medical intricacy is one. Some small homes deal with locals with fairly advanced medical needs, consisting of feeding tubes or complex injury care, but many do not. A very clinically vulnerable person might still be better served in a skilled nursing center or a bigger assisted living with strong on website nursing.

Staffing irregularity is another risk. The very best small homes have steady, well skilled caregivers and strong oversight. The worst are essentially boarding homes with minimal supervision. Because the setting is smaller, one weak manager or untrained caretaker can have an outsized impact.

Amenities are also modest. If somebody loves the idea of a fitness center, pool, and numerous dining venues, a larger senior care neighborhood might be more appealing, though those functions usually matter less to individuals with considerable mobility and ADL needs.

Finally, cost structures vary. In some regions, small residential care homes are less costly than big assisted living facilities; in others, they are similar or even higher, especially if they provide high staffing ratios and comprehensive hands on assistance.

The secret is to evaluate the particular home, not the category, and to focus on what matters most for the resident's everyday functioning.

What to Search for When You Tour a Small Elderly Care Home

When households tour, they are often distracted by design or the beauty of a yard garden. Those things are pleasant, but the real evaluation for mobility and ADL support happens in quieter details.

Consider this short checklist as you stroll through:

- Do you see caregivers walking along with residents, or primarily pressing wheelchairs?
- Are restrooms and bedrooms close together, with grab bars and non slip floor covering?
- Does staff discuss locals in specific terms, or just in generalities?
- Are homeowners tidy, appropriately dressed, and wearing appropriate shoes?
- When you ask how they manage a fall or a brand-new decline in movement, do you get a clear, useful answer?

Spend a bit of time merely being in the common location. You can learn a lot by watching how rapidly staff observe a resident beginning to stand, or how they respond when someone looks confused about where to go. Listen for your own internal reactions: Does this location feel hurried or relax? Does the staff appear to know who is in the structure at any offered time?

If possible, visit at various times of day. Morning and night are when the bulk of ADL care occurs, and those are likewise the times when understaffing, if present, ends up being really visible.

Helping a Parent Shift: Protecting Movement from Day One

Moving into any type of elderly care can inadvertently speed up loss of function if not dealt with thoroughly. Households can play a vital role, especially in the very first month.

Share particular information with the home about your parent's baseline. Not just "needs aid with bathing," however "strolls 20 feet with a walker and one person steadying the belt" or "can pull t-shirt over head but needs aid with buttons." Those information assist caretakers avoid undervaluing or overstating abilities.

Encourage the home to continue existing regimens that support motion. If your father has actually constantly taken a quick stroll after lunch, ask personnel to join him for a short walk at that time. If your mother prefers sponge baths due to fear of showers, explain this clearly so she does not simply decline bathing and get labeled "resistant."

Be present where you can throughout the very first few days, not to monitor staff, but to provide continuity. Your existence often assures the older adult enough that they will try walking or self care in the brand-new setting instead of withdrawing totally. With time, as rely on the caregivers grows, you can step back.

Most significantly, strengthen the concept that small successes matter. If you hear that your parent strolled to the table individually or cleaned their own face at the sink, emphasize that advance when you visit. Older grownups, like anybody else, react strongly to real acknowledgment.

Why Small Houses Typically Age Better With the Resident

One of the peaceful virtues of small elderly care homes is how well they adjust as needs change. A resident might go into for short-term respite care after a fall, stay for numerous months of assisted living level support, then continue living there through more advanced decline.

Because the scale makes love, shifts typically feel smoother. When somebody who utilized to walk independently now needs a walker, there is no requirement to move to another wing. When ADL needs grow from cueing to hands on assistance, the exact same core caregivers simply adjust their method and time allocation.

For families, this connection suggests fewer disruptive moves. For the resident, it means they can deal with increasing dependence on familiar ground, surrounded by individuals who understand their history, humor, and choices. That psychological stability supports cooperation with care, which straight enhances the quality of mobility and ADL assistance.

In completion, the case for small elderly care homes in the context of mobility and ADLs is not abstract. It appears in really common, extremely human minutes: a safe transfer rather of a fall, an unwinded shower instead of a panicked battle, a brief walk in the garden instead of another day in bed.

For lots of older adults, particularly those who value familiarity, individual attention, and preserved function over resort style facilities, that quieter, smaller setting turns out to be exactly the right size.

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

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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

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

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](#) 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](#), 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.