

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.

[View on Google Maps](#)

1368 Wolf River Blvd, Collierville, TN 38017

Business Hours

- Monday thru Sunday: Open 24 hours

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Families typically start trying to find dementia care under pressure. A parent wanders outside in the evening, a spouse forgets the stove again, or medication schedules end up being difficult to handle. When urgency rises, glossy brochures and warm trips can be convincing. The task, hard as it is, is to look past the welcome cookies and discover how a location really works at 10 p.m. On a Sunday, not simply throughout a Tuesday early morning tour.

I have strolled dozens of hallways in memory care and assisted living neighborhoods, from store houses with fewer than 20 beds to large schools that handle every level of senior care. The best facilities are not best. They fix problems rapidly, inform the fact, and record well. The worst keep a nice lobby and hide the rest. What follows are the warning signs that matter most and how to identify them before you sign.

The first 10 minutes inform you more than you think

The opening minutes of a visit frequently foreshadow what life will feel like day after day. Watch who welcomes you. If the receptionist is missing, and a care aide looks surprised to see you, it can indicate the front desk is understaffed. Take in the noises. A calm hum is regular. Persistent yelling from the exact same voice during several visits suggests unmet discomfort or distress, not just a "tough resident."

Smells provide honest feedback. A faint disinfectant odor is normal. A strong, sweet smell of urine in numerous areas points to slow response times, poor incontinence support, or both. Likewise notice how rapidly someone reacts to a call light. On a current unannounced evening visit, it took 19 minutes for a light to be addressed,

which resident mainly required assistance to the restroom. That hold-up can translate to falls and skin breakdown over time.



Staffing patterns you can verify

Staffing makes or breaks dementia care. Ratios are typically marketed loosely. Ask specifically about direct care personnel to resident ratios throughout days, nights, and nights, and whether the nurse on responsibility covers the entire structure or simply memory care. A common pattern is 1 aide to 6 to 8 locals during the day in dedicated memory care, 1 to 8 to 10 at night, and 1 to 12 or more overnight. Lower ratios can still be safe if citizens are higher functioning, but in practice, higher skill needs more eyes and hands.

Red flags: dependence on firm staff for more than short bursts, aides who do not understand residents by name, and a nurse who is just "on call." Agency personnel have their location, yet regular usage, week after week, destabilizes regimens. People living with dementia need consistency to feel safe. View a shift change if you can. Excellent handoffs seem like a brief however focused exchange about hydration, discomfort, toileting, and any habits changes. Bad handoffs are silent clock punches.

Training that exceeds a binder

Almost every facility claims "ongoing training." What matters is who teaches it, how typically, and whether methods are visible on the floor. Ask the number of hours of dementia-specific training brand-new assistants receive before solo work. Ten to 20 hours of structured dementia care direction, plus shadowing, is a sensible baseline. Request for examples: how do they approach a resident who withstands bathing, or one who strikes out when startled?

Listen for methods with names and muscle behind them: recognition therapy, Montessori-based activities for dementia, favorable physical approach. You do not need the textbook meanings. You want to see practices in action. If someone approaches a resident from behind or starts leads with "We need to take your tablets now," that is a training failure. If personnel kneel to eye level, utilize the individual's favored name, and frame choices just, that is training that stuck.

Care strategies that live off the screen

An excellent care plan is not simply an electronic file. It ought to show up in the rhythm of the day. Ask to see a sample care plan, with names redacted. Strong strategies explain triggers and successful strategies. "Prefers tea before tablets" or "Wanders midafternoon, redirects well with folding towels." Weak strategies check out like templates: "Assist with ADLs. Provide activities."

I once sought advice from for a memory care unit where a previous accountant paced daily around 3 p.m., anxious till supper. The team kept providing crafts. Absolutely nothing stuck. When his child mentioned he utilized to reconcile the checkbook at that hour, staff attempted an easy journal job with large-print numbers. His pacing dropped, therefore did evening agitation. That type of personalization need to appear in care plans, and you need to become aware of it when you ask.

Behavior support that is not simply medication

Every memory care community will experience exit-seeking, refusing care, or aggressiveness. How a group reacts says a lot about its philosophy. First, ask how typically the center uses as-needed antipsychotic medications, and how they track adverse effects like sedation or falls. Antipsychotics can be suitable in restricted situations, however when a system uses them broadly as habits control, you will see sleepy citizens slumped in chairs and fewer spontaneous conversations.

Look for a consistent procedure: dismiss pain, disease, irregularity, or urinary system infection, change environment sets off like sound or lighting, and use known comfort activities before including [assisted living](#) or increasing medications. Request a story of a difficult behavior in the last month and how it was managed. If the response centers only on prescriptions, and not the detective work that need to precede, be wary.

Health and security are habits, not posters

Posters promise infection control. Habits provide it. Peek discretely at hand hygiene. Do personnel wash or sanitize on entry and exit from spaces? Do gloves come off right away after care tasks? Throughout a respiratory infection season, are there clear cohorting plans, and have they practiced them? A center that handled outbreaks well in the past will understand dates and lessons found out. Unclear answers or defensiveness around past infections often foreshadow poor transparency.

Falls happen in dementia care. What matters is action. Ask how many experienced versus unwitnessed falls taken place in the last 3 months in memory care, and what the top two causes were. Ask what ecological changes followed. Carpets got rid of, much better lighting, or raised toilet seats are tangible fixes. If you hear "We in-service 'd staff" without any specific follow up, that is not enough.

Medication management without shortcuts

The med pass is among the most error-prone times of the day. Enjoy if you can. Are medications gotten ready for one resident at a time, or do you see numerous cups pre-poured and lined up? The latter invites mix-ups. Ask how often they carry out medication reconciliation with the main clinician and pharmacy, and whether they track refusals. In dementia care, refusals prevail. Qualified groups have strategies like using one tablet at a time with pudding, spacing dosages a little, or pairing tablets with a known enjoyable routine.

Red flag patterns include regular medication "losses," opioids that vanish without paperwork, and a high rate of late or missed doses. A truthful center will share error rates and the corrective steps they took. Beware if you are informed "We do not have errors." Every excellent group finds and fixes them.

Activities that match cognitive ability and personal history

A vibrant activities calendar looks excellent on paper. What you require to see is engagement during off hours and customizing by capability. Individuals in moderate dementia can still delight in purpose, however not if the job is too complicated or too childish. Try to find sorting, music, gentle exercise, and short group interactions. If

you ask what Mr. Sanchez likes to do and the activity director responds, "He enjoys boleros, we play Eydie Gormé with Los Panchos during his shave," you are in great hands. If you hear, "We put on the tv after lunch," keep your guard up.

Walk the building midafternoon. Are residents dozing slumped in typical locations day after day, or moving through brief, structured activities? If you see staff engaged one on one, even briefly, that signals a culture of connection, not simply schedule fulfillment.

Dining that respects dignity and hydration

Meal times can be chaotic or deeply reassuring. Red flags consist of trays dropped and run, purees without explanation, and locals left to consume alone when they might join a small table. Many people with dementia consume much better when food is finger friendly, and when visual contrast helps them see it. White fish on white plates, for example, tends to disappear. Ask if they track weight weekly for brand-new residents, then at least monthly, and what the normal unplanned weight reduction rate is. Anything above 5 percent in a month needs prompt attention.

Hydration typically makes or breaks the day. Good memory care programs do beverage rounds with function, offering choices and pairing drinks with a short social interaction. If you see homeowners with regularly dry lips, or if staff can not find a resident's cup or discuss a fluid strategy, that is worth digging into.

Safe spaces that do not feel like warehouses

You do not desire hotel chic. You want an environment your loved one can read. Corridors should have landmarks, not mirror-image doors that puzzle even staff. Signs requires big fonts and photos. Lighting must be even, not dim corners with a harsh glare at the nurses' station. Listen to the door chimes. If they are constant, and personnel seem numb to the sound, that alarm fatigue will contaminate other security routines.

Private rooms versus shared rooms is a compromise. Private rooms preserve personal privacy and typically decrease agitation. Shared rooms cost less, and for some extroverted citizens, friendship assists. The red flag with shared rooms is privacy theater: thin drapes, no genuine storage distinction, and staff who go into without knocking. Whether private or shared, bathrooms require grab bars positioned where an individual with bad depth understanding can intuitively find them.

Safety without restraint

Freedom of movement matters. Ask outright if the community uses physical restraints, and under what situations. The best response is that they do not, other than in very unusual, time-limited, clinically documented scenarios. Lap belts in wheelchairs, tucked sheets, or deep recliner chairs utilized to avoid standing are restraints by another name. So are locked "wander gardens" that are seldom opened. A genuine safe garden needs to be offered daily in affordable weather condition, with seating, shade, and an easy walking loop.

Electronic monitoring, like wearable wander tags, can be useful if used respectfully. Red flags consist of staff counting on door alarms rather of engaging homeowners who are exit-seeking, or families being pressured into keeping an eye on gadgets without discussion of alternatives.

Family interaction that does not wait for a crisis

You need to hear about condition modifications before you have to ask. A routine weekly touch point, even 10 minutes by phone, goes a long way. Ask what the standard is for informing you about falls, new medications, healthcare facility transfers, or habits modifications. If you are told "We require everything," ask for examples. Too many calls can show panic or lack of triage, but silence breeds mistrust.

Pay attention to how the group manages dispute. If you question a new medication and the nurse reacts with, "The doctor ordered it, there is nothing to go over," that rigidity does not serve anybody. You desire a facility where your understanding of the person is treated as proficiency, due to the fact that it is.

Costs, agreements, and the small print that bites

Pricing in dementia care looks uncomplicated till it is not. Many facilities estimate a base rate, then layer on care levels or point systems for help with bathing, dressing, toileting, medication management, and habits tracking. Request a composed example of a monthly expense for somebody with requirements comparable to your loved one, including two or 3 typical add-ons. Clarify what takes place economically if care requirements increase rapidly. Is there a cap to the level system, beyond which your loved one must move to a higher setting?

Watch for move-in fees that do not buy anything concrete, and for "neighborhood fees" that are nonrefundable even if the stay lasts only a few days. Read the discharge clauses. Some agreements allow the facility to release with short notice for "security" reasons without a clear procedure. A balanced agreement specifies the steps for evaluating risk, adding assistances, and involving household and clinicians before forcing out a resident.

Licensing, examinations, and complaints information you can really use

Every state regulates assisted living and memory care differently. Still, you can typically find current assessments online. You are not looking for absolutely no citations. You are searching for patterns. Repeated citations for medication mistakes, persistent understaffing, or failure to report occurrences matter more than a single deficiency about a damaged grab bar.

Call your state's long-term care ombudsman. They are often happy to share broad impressions and patterns without breaking privacy. Again, the style is openness. A center that encourages you to evaluate public information is less likely to hide surprises.

Respite care as a low-risk trial

If you are not prepared for a long-term move, ask about respite care remains that last a week or more. Respite care lets you see how a location carries out beyond the staged tour, and it gives your loved one a possibility to acclimate. Take note of the 2nd or third day of a respite stay. After the welcome energy fades, routines reveal their real shape. If personnel preserve engagement and interact with you, that bodes well for a longer placement.

Some households rotate in between home and respite care to manage caregiver burnout. That can work if the facility documents thoroughly and keeps a stable strategy all set to restart. The red flag in respite plans is bad handoff back to home. If your loved one returns more confused, dehydrated, or with brand-new contusions without a clear description, reconsider that community.

When a location does not require to be perfect to be right

Perfection is not the objective. A place that calls you about little modifications, provides options, and invites feedback will serve your family better than a new structure with a spa that runs on auto-pilot. Be open to senior care settings that adjust the environment and staffing as dementia progresses. In some regions, a dedicated memory care unit attached to assisted living offers enough support. In others, a specialized dementia care community within a nursing home is the safer option for later stages or complex medical needs. Visit both if you can, and compare not simply decoration but pace and tone.

Questions to ask on every tour

- What are your direct care staffing ratios by shift in memory care, and how frequently do you use agency staff?
- Tell me about the last significant habits difficulty you managed and what you attempted before changing medications.
- How do you individualize day-to-day regimens, and can you show me a redacted care plan with particular strategies?
- How rapidly do you react to call lights usually, and how do you track and enhance that?
- What would a normal month-to-month bill appear like for somebody who requires assist with bathing, dressing, toileting, and medication, and how can that alter over time?

Small indications that anticipate big problems

I keep a psychological shortlist of seemingly small information that often predict much deeper concerns. Shoes without socks, especially in winter season, recommend rushed early morning care. Consistently unshaved faces in homeowners who traditionally took pride in grooming suggest job lists winning over dignity. Dust on ceiling vents implies housekeeping is understaffed, and understaffing rarely stops with house cleaning. Empty hydration stations throughout visiting hours indicate a wider indifference to routines.

Noise narrates too. Televisions blasting in typical rooms, with no closed captions and nobody actually seeing, recommend activity by default. A quiet corner with a puzzle half-completed, a bird feeder outside a window, or fresh flowers on a table are little financial investments that care groups keep up when they are not drowning.

Cultural fit, language, and faith traditions

Dementia care touches identity. Food, language, music, and faith rituals can ground somebody even as memory shifts. If your loved one prays the rosary nightly, requests for halal meals, or speaks mainly in Cantonese when tired, call those requirements early. Ask practical questions: Can the kitchen area dependably prepare vegetarian or kosher choices? Do you have multilingual staff on the system overnight? Will you accommodate a weekly hymn sing or visits from a clergy member?



Red flags consist of "We can most likely figure it out" without specifics. Good facilities point to named staff, storage for religious products, or collaborations with local groups. The reward is not abstract. Individuals with dementia acquire the familiar. Get the familiar right, and numerous "habits" soften.

Transportation, appointments, and the surprise burden

Families frequently presume the center will manage medical appointments. Many do, however the logistics can be thin. Find out who schedules, who accompanies, how they share updates, and how expenses are billed. If the strategy is to put your loved one in a van alone to satisfy the doctor, anticipate miscommunication. In a strong program, a caregiver who understands the person's baseline participates in and brings a medication list and current vitals, then returns with written guidelines. If the system depends on you to bridge all of that, choose whether you can and wish to, and build it into your plan.

Pain, teeth, and hearing

These 3 are under-recognized chauffeurs of distress in dementia. Ask how the community screens for discomfort when people have actually restricted language. Easy tools exist, like facial expression scales, but they only work if utilized. Dental care is commonly delayed. A location that collaborates mobile dental visits or has a prepare for regular oral care will conserve you crises later. Listening devices and glasses go missing. Excellent groups label them and inspect fit weekly. If you see a number of homeowners wearing the incorrect glasses or no hearing aids throughout group discussion, engagement is failing the cracks.

End-of-life care that is not an afterthought

Dementia is a terminal condition. That is painful to face however clarifies planning. Ask how the center incorporates hospice services and at what indications they initiate conversations about moving objectives. Many households bring hospice in when eating slows, infections repeat, or distress grows. A center experienced in this will speak about convenience rounds, household existence at odd hours, and symptom management that minimizes transfers to the hospital.

One child told me the most meaningful assistance came when a night nurse pulled a second recliner into the space and set a little light low, then showed her how to moisten her mom's lips. That kind of detail only shows up in places that have done this well lots of times.



A brief field list before you decide

- Visit at least two times, as soon as unannounced and as soon as throughout a meal or night shift, and stick around in the halls, not simply the lobby.
- Ask to see the memory care system's activity in the middle of the afternoon, not during a scheduled event.
- Watch one care interaction start to finish, ideally bathing or toileting, if the resident approvals and privacy is respected.
- Talk with a flooring nurse and a care aide, not simply management, and ask what they are proud of and what they would change.
- Call your state ombudsman with the facility names and listen for patterns, not simply a single story.

Choosing a dementia care neighborhood is not about discovering a gleaming building. It has to do with finding a team that communicates, changes, and treats your loved one as a person whose history still shapes their days. If you hold that standard, and you put in the time to verify what you are told, you will spot the red flags early, and more importantly, you will discover the daily thumbs-ups that indicate a good fit: names kept in mind, favorite tunes played, socks on the best feet, and a calm response when concern surfaces. That is the heart of quality dementia care, whether through dedicated memory care, short-term respite care, or a more comprehensive senior care campus that flexes with time.

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

BeeHive Homes of Collierville placed 1st for New Mexico Senior Living Communities 2025

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

Conveniently located near Beehive Homes of Collierville [Malco Collierville Towne Cinema Grill & MXT](#) a great movie theater with full food & drink menu. Catch a movie and enjoy some great food while you wait.