

Business Name: BeeHive Homes of Plainview

Address: 1435 Lometa Dr, Plainview, TX 79072

Phone: (806) 452-5883

BeeHive Homes of Plainview

Beehive Homes of Plainview 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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1435 Lometa Dr, Plainview, TX 79072

Business Hours

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

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Families usually begin exploring memory care neighborhoods after a series of difficult events, not a single bad day. Possibly Dad roamed out the side door while the caretaker remained in the bathroom. Maybe the overnight calls have actually developed into a daily crisis. By the time you are comparing options, you currently understand the stakes are high. The goal is not just finding a location that looks clean and friendly. It is choosing who will keep your individual safe at 2 in the early morning when agitation spikes, who will avoid a fall during a rushed transfer, who will speak up when a brand-new medication dulls their spark.

I have actually spent years walking families through these decisions and assisting teams run more secure systems. The communities that do this well have a particular feel. They are not best, but patterns emerge. You can discover to find them.

What "safe" in fact implies in a memory care environment

People often relate security with cameras and locked doors. Those tools matter, however they are the bare minimum. Real safety is the mix of environment, regimens, staff ability, and management culture that prevents predictable harm and responds well when something goes wrong.

Elopement danger is real in dementia care. A safe perimeter with discreet entry control protects dignity and security, however a locked door is not a plan. Staff need to know who is at danger of exit looking for, which paths they choose, and what phrases reroute them. I have seen a nurse avoid a bolt for the door with a basic, practiced

line about strolling to the "mail box" and after that an easy handoff to an activity space. That is training plus knowing the person.

Fall avoidance resides in the ordinary. Are floors matte, not glossy, so depth understanding is not tricked? Are toss rugs eliminated? Are chairs the ideal height for the average resident because unit? The very best systems procedure. They evaluate recliner heights, switch them if required, and place visual cue strips on the first and last actions of any modification in level. They inspect footwear at admission and after laundry mishaps. These are not costly repairs, however they require ownership.

Medication security needs its own lens. Memory care homeowners frequently have several chronic conditions layered on top of cognitive decline. Anticholinergics, benzodiazepines, specific sleep help, and even some over-the-counter cold medicines can intensify confusion and balance. Strong programs keep an existing medication list, review it routinely with a pharmacist, and track psychotropic usage with intent to taper if behaviors can be managed otherwise. Ask how they collaborate with primary care and whether they run medication reconciliation after healthcare facility discharges.

Infection control changed after 2020. You are not requesting miracles. You are requesting for a community that keeps an eye on hand hygiene, utilizes clear seclusion signs when required, keeps PPE available, and interacts transparently about outbreaks. In memory care, residents may not endure masks or seclusion. That indicates personnel need to be proficient at low-friction precautions that still secure the group.

Emergency preparedness does not look like a three-ring binder gathering dust. It appears like a published roster with functions for evacuations and shelter in place, identified go-bags for residents with vital equipment, and routine drills that consist of nights and weekends. If you see a stack of wheelchairs with dead batteries, or the last fire drill date is from in 2015, keep your eyes open.

What staffing numbers really inform you, and what they do not

Families frequently ask for a ratio. It is a sensible impulse. Ratios are simple to compare. The reality is ratios can misguide if you do not understand the context.

A day shift of one assistant for 6 to 8 citizens in a devoted memory care system can be affordable if the citizens are primarily ambulatory and the group is stable. That same ratio ends up being hazardous if many homeowners need two-person helps, have [senior living](#) regular incontinence, or screen aggressive habits. In the evening, you may see one aide for each eight to twelve locals, with a nurse covering two or more systems. Some states set minimums, many do not, and skill shifts quicker than the marketing brochure.

Skill mix matters more than the printed ratio. Is there a nurse physically present on the unit all shifts, or is the nurse covering the whole building? How many hours of dementia-specific training do brand-new hires complete before taking independent projects? Is there an experienced lead on each shift who knows the locals by name and history? If the building leans greatly on agency staff, safety can degrade, not due to the fact that firm employees do not have skill, but because consistency is a safety tool in dementia care.

Scheduling patterns are a practical window into real staffing. Rotating schedules drain groups. Constant assignments let aides discover routines and preferences, which minimizes agitation, refusals, and hurried care. A steady task sheet is the difference in between knowing Mr. R requires his cereal warm and his pills in applesauce, versus guessing at breakfast while his anxiety climbs.

Turnover is not a character defect. It is a risk signal. Request quarterly turnover rates, not just annualized numbers. A short spike after a change in management is not constantly an offer breaker. A pattern of constant

churn generally appears as more falls, more skin breakdowns, and more health center transfers. Skilled communities track those trends and act on them.

Touring with a sharper eye

Tours typically occur in the golden hour, midmorning on a weekday. Personnel are fresh, activities are visual, and leaders are offered. That is great for a first visit. It is insufficient for a decision.

Arrive when unannounced at shift modification. Stand silently near the unit door and watch handoff. Good handoff sounds succinct and particular, with names and useful details. You ought to hear things like, "Mrs. P snoozed after lunch, missed her 2 pm fluids, ensure she drinks with dinner," or, "Mr. K attempted a brand-new antidepressant last night, slept six hours, was consistent on his feet, expect dizziness." Vague expressions such as "everybody's great" are not helpful.



Watch a meal from start to finish, not just the table set-up. Mealtimes are both a security and dignity checkpoint. Do nurses or assistants sit at eye level for cueing? Are adaptive utensils used correctly, or deserted after one try? Is the room too loud for concentration? Search for the little prompts, the mild hand-under-hand assistance that indicates real dementia care training.

Observe bathroom assistance without intruding. Locals with dementia may withstand individual care. Personnel who are trained will use brief, concrete phrases and sequencing, not pep talks or scolding. The pace you see during personal care tells you if the ratio is operating in practice. If everyone looks rushed, they probably are.

I likewise take note of what is on the walls. A life story board with pictures and short notes can direct brand-new staff and pacify agitation with a simple icebreaker. A care plan photo at the nurse's station with clear icons for dangers and choices is much better than a binder nobody opens.

The function of environment, beyond quite finishes

Good memory care architecture looks warm and common. The very best variations are quiet issue solvers. Hallways have visual interest every few steps so pacing feels natural. Rooms are simple to acknowledge. Bathrooms keep towels and toiletries in sight, not hidden in drawers locals forget exist. Lighting is even, glare is tamed, and bulbs are brilliant enough for aging eyes.

Security requires to blend in. Postponed egress doors can be camouflaged with murals or bookshelves, but do not let aesthetic appeals conceal a lack of clearness. Personnel should demonstrate how alarms work and what the response looks like in under one minute. Outdoor yards that are secure, dubious, and accessible are more than perks. Access to fresh air and a safe walking loop can minimize agitation and sun-downing.

Noise is frequently the ignored risk. Tvs shrieking, phones ringing, carts rattling on tile, all amount to confusion and irritation. I stroll an unit with my ears as much as my eyes. Neighborhoods that insulate doors, place felt on chair legs, and use rubber-wheeled carts make calmer days and better nights.

Behavior assistance as a safety system

A resident who starts out is not simply aggressive. They might be in discomfort, rushing to the restroom, overstimulated, or terrified by a stranger's hands near their face. A neighborhood that treats behavior as communication runs safer units. They track antecedents, not simply events. They teach the hand-under-hand technique, use validation, and set residents with personnel who have the best temperament.

Ask to see the behavior tracking tool. If it is a log of dates and a single word like "agitation," that is not practical. A helpful note reads, "3:45 pm, hallway pacing, calling for wife, rerouted to photo album, tea provided, sat in sun parlor 20 minutes, settled." That entry can become a plan. In time, the data should show less high-risk moments.

Psychotropic stewardship becomes part of this. Antipsychotics and sedatives can in some cases be required. They also increase fall danger and can flatten personality. Strong programs team up with prescribers, try environmental and activity changes initially, and, when medication is utilized, set a date to reassess.

Night shift realities

Safety at night has a various texture. Less eyes, more tiredness, more confusion for homeowners. I ask who is really on the unit between 11 pm and 7 am. Is there a qualified nursing assistant in each section plus a nurse who rounds, or is one aide covering two hallways and calling a float when needed? How many locals are on bed or chair alarms, and who responds?

Good night teams have peaceful routines. They cluster care to minimize interruptions. They pre-position incontinence products and use low lighting for checks. They understand who tends to wander around 3 am and who wakes thirsty. If you can, visit late. You will see whether call lights linger, whether the unit hums or frays.

After incidents: what happens next

Every system has falls. The difference is what follows. After a fall, you want to see a head-to-toe assessment, vitals, a neuro check if suggested, a call to the accountable celebration, and a short huddle before the next shift on what to change. Modification is the keyword. Did they lower the bed, change transfer method, swap shoes, add a hint, or change the toilet schedule? If the strategy does not change, the danger does not either.

Elopements are rarer but severe. A responsible community reports to regulators when required, debriefs with the household, and files system alters that surpass "re-educated staff." They might include a visual barrier, adjust staffing during a recognized trigger hour, or move a resident's room away from an exit. Households are worthy of to hear how they will avoid a second event.

Hospitalization patterns narrate too. A sharp rise in transfers for urinary tract infections or dehydration typically indicates missed fluids or toileting. Some systems utilize hydration carts at midmorning and midafternoon, tracking intake with simple tallies. Small modifications like that lower medical facility runs, and you can ask to see those logs.

Documentation that signals real work, not just paperwork

Care strategies need to be understandable, not simply certified. I search for resident choices, particular risks, and precise approaches. "Help with ADLs," implies little. "Hint action by step for toothbrush, place brush in hand, switch on warm water first," implies staff understand what works. Project sheets inform you who is expected to be where. If the system can not produce them, or they alter every day, consistency is probably lacking.

Training records matter, however so does the way staff discuss training. New hires should complete dementia-specific training before they work independently with residents. Continuous in-services ought to be interactive, not just video modules. When I ask an assistant about the last training they participated in, the ones in strong programs can recall the topic and an example of how they utilized it on the floor.

Activities that are not window dressing

Engagement is a safety tool. A resident who is meaningfully inhabited is less likely to roam or withstand care. Search for activities that match cognitive and physical abilities, not a one-size-fits-all calendar. Early morning workout groups that consist of range-of-motion, afternoon tasks that mirror familiar roles like folding towels or sorting hardware, and night routines that unwind stimulation make a difference.

I ask who creates the program. A full-time life enrichment director with dementia care experience can tailor activities far much better than a turning cast of well-meaning assistants. Ask how they adjust for homeowners with sophisticated disease who can not take part in groups. Individually sensory packages, music tailored to personal history, and hand massages are not frills. They keep residents calm and reduce dependence on medication.

Respite care as a test drive

Respite care, a brief stay in a memory care unit, is an underused tool for assessment. A three to fourteen day stay can reveal you how your person reacts to the environment, how the team adapts, and how interaction flows. It also gives the system an opportunity to change the strategy before an irreversible move. If a neighborhood withstands respite because it is "too disruptive," that informs you something about their flexibility.

During respite, look for the little things. Do they track sleep and appetite day by day and share a summary when you get your person? Did they ask you for your individual's regimens, food likes and dislikes, and chosen clothes? Those information forecast success.

Trade-offs between big and small settings

There is no single finest design. Little homes with ten to sixteen citizens can provide impressive consistency and quieter days. Staff learn everyone rapidly, and leadership becomes aware of issues fast. The downside is depth. If 2 personnel call out, coverage can get thin. Bigger communities might use more activities, on-site therapy, and a dedicated nurse on each shift. They likewise can feel busier and less personal. Choose which risks you are more going to manage.

Budget impacts staffing. High-fee neighborhoods can pay for more staff per resident and more training hours, but rate does not guarantee quality. I have seen mid-priced neighborhoods outperform high-end structures since the leadership group worked the floor, repaired issues at the root, and built a stable staff culture.

Family involvement and interaction style

You want a community that deals with families as partners. That does not mean consistent access or micromanagement. It means foreseeable updates, fast actions to issues, and invites to care strategy conferences that are more than formality. I ask to see how they interact regular updates. Some use weekly e-mails with highlights and pictures, others set up fast phone check-ins after notable modifications. Either can work if it is reliable.

The tone used when discussing challenges matters. If a director blames the resident for behaviors, or the household for "not informing us," I pause. If they speak with curiosity about what activates a habits and welcome you to teach them, that is the mindset you want.

Questions that expose how the place really runs

- On your busiest day last month, how did you adjust staffing on this system, and who made that call?
- Can I see an example of a present care plan for someone with comparable needs to my person, with individual choices included?
- When a resident falls, what actions do you take before the next shift arrives, and how do you change the strategy within 24 hours?
- How many hours of dementia-specific training do brand-new hires total before working individually, and what does the ongoing training calendar look like?
- On nights, who is physically present on the system, the number of homeowners do they cover, and how typically are rounds done?

A useful playbook for your visits

- Visit once throughout a weekday morning, once without a consultation at shift change, and when at night or night if allowed.
- Ask to see assignment sheets for the current day and last weekend, and keep in mind how many names repeat on the same halls.
- Eat a meal in the dining room, then ask an employee to show you where adaptive utensils and thickening agents are stored.
- Request a short, de-identified example of a fall evaluation and what altered later, then search for that modification on the unit.
- Before you leave, ask the highest-ranking nurse on duty about a recent infection control obstacle and how the group managed it.

How to weigh what you learn

No single data point makes the decision. You are developing a picture. If the unit is clean however the night staffing is thin, can they adjust? If the ratio is excellent however turnover is high, what is the leadership doing to stabilize? If the activity calendar looks complete but most citizens appear disengaged, how will they tailor the prepare for your individual? Use your notes to sort findings into fixable gaps versus cultural red flags.



Fixable spaces include missing out on grab bars in one bathroom, a training subject that is due for refresh, or inconsistent usage of adaptive utensils. Cultural warnings include leaders who can not answer basic concerns about their citizens, a protective stance about events, or persistent dependence on firm personnel without a plan to hire and retain.

Bringing it back to your person

All the basic advice matters less than the fit for the person you like. If your mother was an instructor who thrived on a schedule, a system with clear routines and morning activities might suit her. If your partner strolls miles a day and gets uneasy inside, a community with a protected courtyard and staff who know how to stroll with purpose is more secure than any keypad.

Strong memory care is not almost avoiding damage. It has to do with allowing a good day generally. When security and staffing interact, citizens sleep better, consume more, argue less, and smile more. That is what you are trying to buy with your trust and your dollars. Take your time, ask the tough questions, and listen for the answers under the answers. The ideal location will welcome that level of scrutiny since it is how they operate every day.

Finally, bear in mind that lots of families begin with respite care or part-time support like adult day programs to transition more gently. Senior care is a continuum. If you need to bridge the gap while you decide, ask about brief stays or respite options that let both your person and the team find out what works. Thoughtful dementia care respects that families are making modifications under pressure and gives them room to make the best option, not the fastest one.

BeeHive Homes of Plainview provides assisted living care

BeeHive Homes of Plainview provides memory care services

BeeHive Homes of Plainview provides respite care services

BeeHive Homes of Plainview supports assistance with bathing and grooming

BeeHive Homes of Plainview offers private bedrooms with private bathrooms

BeeHive Homes of Plainview provides medication monitoring and documentation

BeeHive Homes of Plainview serves dietitian-approved meals

BeeHive Homes of Plainview provides housekeeping services

BeeHive Homes of Plainview provides laundry services

BeeHive Homes of Plainview offers community dining and social engagement activities

BeeHive Homes of Plainview features life enrichment activities

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

BeeHive Homes of Plainview promotes frequent physical and mental exercise opportunities

BeeHive Homes of Plainview provides a home-like residential environment

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

BeeHive Homes of Plainview assesses individual resident care needs

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

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

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

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

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

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BeeHive Homes of Plainview has a website <https://beehivehomes.com/locations/plainview/>

BeeHive Homes of Plainview has Google Maps listing <https://maps.app.goo.gl/UibVhBNmSuAjkgt5>

BeeHive Homes of Plainview has Facebook page <https://www.facebook.com/BeeHivePV>

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

BeeHive Homes of Plainview won Top Assisted Living Homes 2025

BeeHive Homes of Plainview earned Best Customer Service Award 2024

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

People Also Ask about BeeHive Homes of Plainview

What is BeeHive Homes of Plainview 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 Plainview located?

BeeHive Homes of Plainview is conveniently located at 1435 Lometa Dr, Plainview, TX 79072. 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 Plainview?

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

Take a drive to [Goodfellas bar and grill](#). provides familiar comfort food that residents in assisted living, memory care, senior care, elderly care, and respite care can enjoy during dining outings.