

**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 normally start looking for dementia care under pressure. A parent wanders outside during the night, a spouse forgets the range again, or medication schedules become difficult to handle. When seriousness rises, glossy brochures and warm trips can be convincing. The job, hard as it is, is to look past the welcome cookies and see how a location really operates at 10 p.m. On a Sunday, not just throughout a Tuesday early morning tour.

I have actually strolled dozens of corridors in memory care and assisted living neighborhoods, from store homes with fewer than 20 beds to big campuses that deal with every level of senior care. The very best facilities are not perfect. They fix issues quickly, tell the fact, and document well. The worst keep a good lobby and hide the rest. What follows are the indication that matter most and how to find them before you sign.

## The first 10 minutes inform you more than you think

The opening minutes of a visit typically foreshadow what life will feel like day after day. Watch who welcomes you. If the receptionist is missing out on, and a care aide looks startled to see you, it can imply the front desk is understaffed. Take in the sounds. A calm hum is normal. Persistent yelling from the exact same voice throughout numerous visits suggests unmet discomfort or distress, not just a "tough resident."

Smells give truthful feedback. A faint disinfectant odor is ordinary. A strong, sweet odor of urine in several locations indicate slow reaction times, bad incontinence assistance, or both. Likewise see how quickly somebody reacts to a call light. On a recent unannounced evening visit, it took 19 minutes for a light to be addressed, which

resident mostly needed assistance to the restroom. That hold-up can equate to falls and skin breakdown over time.

## Staffing patterns you can verify

Staffing makes or breaks dementia care. Ratios are often advertised loosely. Ask particularly about direct care personnel to resident ratios during days, evenings, and nights, and whether the nurse on duty covers the whole building or simply memory care. A common pattern is 1 assistant to 6 to 8 homeowners throughout the day in dedicated memory care, 1 to 8 to 10 in the evening, and 1 to 12 or more over night. Lower ratios can still be safe if residents are greater functioning, but in practice, greater skill demands more eyes and hands.

Red flags: reliance on company personnel for more than short bursts, aides who do not understand residents by name, and a nurse who is just "on call." Agency staff have their location, yet regular usage, week after week, destabilizes routines. Individuals coping with dementia require consistency to feel safe. Enjoy a shift change if you can. Excellent handoffs sound like a quick however focused exchange about hydration, pain, toileting, and any behavior modifications. Bad handoffs are quiet clock punches.



## Training that exceeds a binder

Almost every facility claims "continuous training." What matters is who teaches it, how frequently, and whether methods show up 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 instruction, plus shadowing, is a sensible baseline. Request for examples: how do they approach a resident who resists bathing, or one who sets out when startled?

Listen for techniques with names and muscle behind them: recognition therapy, Montessori-based activities for dementia, favorable physical method. You do not require the book 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 person's preferred name, and frame options simply, that is training that stuck.

## Care strategies that live off the screen

A good care plan is not just an electronic file. It needs to show up in the rhythm of the day. Ask to see a sample care plan, with names redacted. Strong strategies describe triggers and effective techniques. "Prefers tea before pills" or "Wanders midafternoon, reroutes well with folding towels." Weak plans check out like templates: "Help with ADLs. Supply activities."

I was consulted for a memory care system where a former accounting professional paced daily around 3 p.m., anxious till supper. The group kept offering crafts. Nothing stuck. When his daughter discussed he utilized to reconcile the checkbook at that hour, personnel tried a basic ledger job with large-print numbers. His pacing dropped, therefore did evening agitation. That kind of personalization ought to [senior care BeeHive Homes of Collierville](#) show up 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 encounter exit-seeking, declining care, or hostility. How a team reacts says a lot about its approach. First, ask how frequently the center utilizes as-needed antipsychotic medications, and how they track negative effects like sedation or falls. Antipsychotics can be appropriate in limited situations, but when a system utilizes them broadly as habits control, you will see sleepy residents slumped in chairs and less spontaneous conversations.

Look for a constant process: dismiss pain, health problem, constipation, or urinary tract infection, adjust environment activates like sound or lighting, and utilize recognized convenience activities before adding or increasing medications. Ask for a story of a hard habit in the last month and how it was managed. If the answer focuses only on prescriptions, and not the detective work that ought to come first, be wary.

## **Health and security are routines, not posters**

Posters promise infection control. Routines provide it. Peek discretely at hand health. Do staff wash or sterilize on entry and exit from rooms? Do gloves come off right away after care tasks? Throughout a breathing infection season, are there clear cohorting plans, and have they practiced them? A facility that managed break outs well in the past will understand dates and lessons learned. Unclear responses or defensiveness around past infections frequently foreshadow poor transparency.

Falls take place in dementia care. What matters is response. Ask the number of saw versus unwitnessed falls taken place in the last 3 months in memory care, and what the top two causes were. Ask what environmental changes followed. Rugs removed, much better lighting, or raised toilet seats are concrete repairs. If you hear "We in-service 'd personnel" with no specific follow up, that is not enough.

## **Medication management without shortcuts**

The med pass is one of the most error-prone times of the day. Enjoy if you can. Are medications prepared for one resident at a time, or do you see multiple cups pre-poured and lined up? The latter welcomes mix-ups. Ask how frequently they perform medication reconciliation with the main clinician and pharmacy, and whether they track rejections. In dementia care, rejections prevail. Qualified teams have methods like providing one tablet at a time with pudding, spacing doses somewhat, or pairing tablets with a known pleasant routine.

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

## **Activities that match cognitive ability and individual history**

A lively activities calendar looks remarkable on paper. What you require to see is engagement throughout off hours and customizing by capability. Individuals in moderate dementia can still delight in function, but not if the task is too intricate or too childish. Search for arranging, music, mild exercise, and short group interactions. If you ask what Mr. Sanchez likes to do and the activity director answers, "He loves boleros, we play Eydie Gormé with Los Panchos during his shave," you are in excellent hands. If you hear, "We place on the television after lunch," keep your guard up.

Walk the structure midafternoon. Are locals dozing dropped in typical areas day after day, or moving through short, structured activities? If you see personnel engaged one on one, even quickly, that signals a culture of connection, not just schedule fulfillment.

## **Dining that appreciates dignity and hydration**

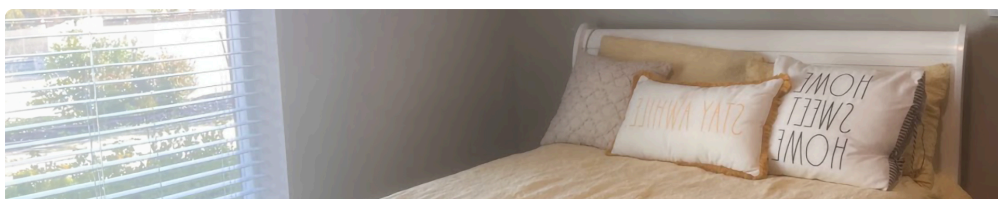
Meal times can be disorderly or deeply comforting. Red flags consist of trays dropped and run, purees without explanation, and residents delegated consume alone when they might join a little table. Lots of people with dementia eat better when food is finger friendly, and when visual contrast assists them see it. White fish on white plates, for example, tends to disappear. Ask if they track weight weekly for new residents, then a minimum of month-to-month, and what the typical unplanned weight reduction rate is. Anything above 5 percent in a month requires timely attention.

Hydration frequently makes or breaks the day. Excellent memory care programs do beverage rounds with function, offering options and pairing beverages with a short social interaction. If you see residents with consistently dry lips, or if staff can not discover a resident's cup or describe a fluid plan, that deserves digging into.

## **Safe areas that do not feel like warehouses**

You do not want hotel chic. You desire an environment your loved one can check out. Hallways should have landmarks, not mirror-image doors that puzzle even personnel. Signage needs big typefaces and photos. Lighting ought to be even, not dim corners with an extreme glare at the nurses' station. Listen to the door chimes. If they are consistent, and personnel seem numb to the noise, that alarm tiredness will infect other safety routines.

Private spaces versus shared rooms is a compromise. Personal spaces preserve personal privacy and typically decrease agitation. Shared rooms cost less, and for some extroverted citizens, companionship helps. The red flag with shared rooms is privacy theater: thin curtains, no real storage distinction, and staff who go into without knocking. Whether private or shared, bathrooms require grab bars put where an individual with poor depth perception can intuitively discover them.



## **Safety without restraint**

Freedom of movement matters. Ask outright if the community utilizes physical restraints, and under what situations. The best response is that they do not, except in really uncommon, time-limited, medically recorded scenarios. Lap belts in wheelchairs, tucked sheets, or deep reclining chairs utilized to avoid standing are restraints by another name. So are locked "roam gardens" that are hardly ever opened. A real safe garden must be offered daily in sensible weather condition, with seating, shade, and an easy walking loop.

Electronic monitoring, like wearable wander tags, can be helpful if used respectfully. Red flags include staff depending on door alarms instead of engaging residents who are exit-seeking, or households being pressed into keeping track of devices without discussion of alternatives.

## **Family communication that does not wait on a crisis**

You must find out about condition modifications before you have to ask. A routine weekly touch point, even 10 minutes by phone, goes a long method. Ask what the requirement is for alerting you about falls, brand-new medications, hospital transfers, or behavior changes. If you are informed "We call for whatever," request for examples. Too many calls can show panic or lack of triage, however silence breeds mistrust.

Pay attention to how the team deals with disagreement. If you question a new medication and the nurse responds with, "The doctor ordered it, there is nothing to discuss," that rigidity does not serve anyone. You want a facility where your understanding of the person is dealt with as knowledge, because it is.

## **Costs, agreements, and the small print that bites**

Pricing in dementia care looks simple up until it is not. Lots of facilities quote a base rate, then layer on care levels or point systems for assistance with bathing, dressing, toileting, medication management, and habits tracking. Ask for a composed example of a month-to-month bill for someone with requirements similar to your loved one, including two or three common add-ons. Clarify what occurs economically if care requirements increase rapidly. Is there a cap to the level system, beyond which your loved one need to transfer to a greater setting?

Watch for move-in fees that do not purchase anything tangible, and for "community fees" that are nonrefundable even if the stay lasts only a few days. Read the discharge clauses. Some contracts permit the center to discharge with brief notification for "security" reasons without a clear process. A well balanced contract defines the actions for examining threat, including supports, and including household and clinicians before evicting a resident.

## **Licensing, assessments, and complaints data you can actually use**

Every state regulates assisted living and memory care in a different way. Still, you can typically find recent assessments online. You are not searching for absolutely no citations. You are searching for patterns. Repeated citations for medication errors, chronic understaffing, or failure to report occurrences matter more than a single deficiency about a broken grab bar.

Call your state's long-lasting care ombudsman. They are often ready to share broad impressions and patterns without breaching privacy. Again, the style is transparency. A facility that motivates you to review public information is less most likely to conceal surprises.

## **Respite care as a low-risk trial**

If you are not all set for an irreversible relocation, inquire about respite care remains that last a week or two. Respite care lets you see how a place carries out beyond the staged tour, and it provides your loved one an opportunity to adjust. Take notice of the second or third day of a respite stay. After the welcome energy fades, routines reveal their real shape. If personnel preserve engagement and communicate with you, that bodes well for a longer placement.

Some families turn between home and respite care to manage caretaker burnout. That can work if the facility files carefully and keeps a stable plan ready to reboot. The red flag in respite arrangements is poor handoff back to home. If your loved one returns more baffled, dehydrated, or with brand-new swellings without a clear explanation, 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, uses choices, and welcomes feedback will serve your household better than a brand-new building with a health spa that works on auto-pilot. Be open to senior care settings that change the environment and staffing as dementia progresses. In some areas, a dedicated memory care system attached to assisted living supplies enough support. In others, a specialized dementia care community within a nursing home is the safer option for later phases or intricate medical needs. Visit both if you can, and compare not just décor 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 utilize firm staff?
- Tell me about the last significant behavior difficulty you handled and what you tried before altering medications.
- How do you individualize everyday regimens, and can you reveal me a redacted care strategy with particular strategies?
- How rapidly do you react to call lights usually, and how do you track and improve that?

- What would a normal monthly bill appear like for someone who requires aid with bathing, dressing, toileting, and medication, and how can that change over time?

## **Small signs that predict big problems**

I keep a psychological shortlist of seemingly minor information that often predict deeper concerns. Shoes without socks, specifically in winter, suggest hurried early morning care. Repeatedly unshaved faces in locals who traditionally took pride in grooming show task lists winning over dignity. Dust on ceiling vents implies housekeeping is understaffed, and understaffing seldom stops with house cleaning. Empty hydration stations during visiting hours indicate a more comprehensive indifference to routines.

Noise narrates too. Tvs blasting in typical rooms, with no closed captions and no one in fact enjoying, recommend activity by default. A peaceful corner with a puzzle half-completed, a bird feeder outside a window, or fresh flowers on a table are small 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 someone even as memory shifts. If your loved one hopes the rosary nighttime, requests for halal meals, or speaks mainly in Cantonese when tired, name those requirements early. Ask pragmatic questions: Can the kitchen dependably prepare vegetarian or kosher options? Do you have multilingual personnel on the unit overnight? Will you accommodate a weekly hymn sing or visits from a clergy member?

Red flags consist of "We can probably figure it out" without specifics. Great centers indicate named staff, storage for spiritual products, or collaborations with regional groups. The payoff is not abstract. Individuals with dementia latch onto the familiar. Get the familiar right, and lots of "habits" soften.

## **Transportation, appointments, and the hidden burden**

Families often presume the facility will handle medical consultations. Many do, however the logistics can be thin. Discover who schedules, who accompanies, how they share updates, and how costs are billed. If the plan is to put your loved one in a van alone to fulfill the medical professional, anticipate miscommunication. In a strong program, a caregiver who knows the individual's standard goes to and brings a medication list and current vitals, then returns with composed directions. If the system depends on you to bridge all of that, decide 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 neighborhood screens for discomfort when individuals have restricted language. Easy tools exist, like facial expression scales, however they only work if used. Oral care is frequently delayed. A location that collaborates mobile dental visits or has a prepare for routine oral care will conserve you crises later. Hearing aids and glasses go missing. Great groups label them and check in shape weekly. If you see a number of homeowners wearing the incorrect glasses or no hearing aids throughout group conversation, engagement is falling through the cracks.

## **End-of-life care that is not an afterthought**

Dementia is a terminal condition. That hurts to face but clarifies preparation. Ask how the center integrates hospice services and at what signs they start discussions about moving objectives. Numerous households bring hospice in when eating slows, infections recur, or distress grows. A facility experienced in this will discuss convenience rounds, household presence at odd hours, and sign management that reduces transfers to the hospital.

One daughter told me the most meaningful assistance came when a night nurse pulled a second recliner into the space and set a small light low, then showed her how to dampen her mom's lips. That kind of information just shows up in locations that have done this well numerous times.

## **A brief field checklist before you decide**

- Visit a minimum of twice, once unannounced and once during a meal or evening shift, and remain in the halls, not simply the lobby.
- Ask to see the memory care system's activity in the middle of the afternoon, not during an arranged event.
- Watch one care interaction start to complete, ideally bathing or toileting, if the resident authorizations and privacy is respected.
- Talk with a flooring nurse and a care aide, not just leadership, and ask what they take pride in and what they would change.
- Call your state ombudsman with the center names and listen for patterns, not simply a single story.

Choosing a dementia care community is not about discovering a gleaming building. It is about discovering a group that communicates, changes, and treats your loved one as a person whose history still forms their days. If you hold that standard, and you take the time to confirm what you are informed, you will identify the warnings early, and more significantly, you will find the daily green lights that signify an excellent 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 committed memory care, short-term respite care, or a wider senior care campus that bends 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?

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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 of Collierville 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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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?

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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 Collierville located?

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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](tel:(901)286-3455) Monday through Sunday Open 24 hours

## How can I contact BeeHive Homes of Collierville?

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You can contact BeeHive Homes of Collierville by phone at: [\(901\) 286-3455](tel:(901)286-3455), visit their website at <https://beehivehomes.com/locations/collierville/> or connect on social media via [Facebook](#) or [Instagram](#)

[Carrabba's Italian Grill](#) offers family-friendly dining that complements Assisted Living, Memory Care, Senior Care, Elderly Care, and Respite Care visits.