

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.

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1368 Wolf River Blvd, Collierville, TN 38017

Business Hours

- Monday thru Sunday: Open 24 hours

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Walk into a well run small senior home at 8 a.m. And you will not see a single, stiff schedule applied to everybody. One resident is ending up oatmeal and coffee at the bright kitchen area table. Another is still in bed, listening to jazz with the curtains half drawn. Another person is currently dressed and folding laundry by option, since it makes them feel beneficial. Same time of day, 3 really various mornings.

That is the peaceful power of individualized activities of daily living in a small setting. The jobs sound standard on paper, but in practice they are how individuals experience their day: rising, bathing, dressing, utilizing the bathroom, moving, eating meals, handling medications. When those routines are tailored in a thoughtful assisted living or board and care home, they protect self-respect and identity rather of removing it away.

Over the past two decades operating in senior care, I have actually seen large facilities with stunning facilities, and I have actually seen 6 bed homes tucked into regular areas. The smaller homes do not constantly win on design or health club equipment, however they often surpass larger operations on one vital dimension: the ability to adjust day-to-day care around a single person at a time.

What "small senior homes" really look like

Families use different terms: small assisted living, residential care home, board and care, adult household home. Laws differ by state, however the basic photo is comparable. A common home serves between 4 and 16 citizens, frequently in a converted single household house or a function constructed small home. Staff work in close proximity to citizens, sharing common areas, assisting with meals, and supporting daily routines.

Compared with a 60 or 120 bed assisted living community, a small home starts with several built in advantages for tailoring care:

Staff ratios are typically tighter. Rather of one caregiver for 12 to 20 homeowners, you may see one caretaker for 3 to 6 homeowners during the day. At night, a single caregiver may cover the entire home, but still with far less people to monitor.

Documentation is easier and more personal. Care plans are not simply electronic charts. In great homes, they reside in the staff's memory, in the published notes on the refrigerator, in the way early morning shift advises night shift about a resident's new preference for chamomile instead of black tea.

The environment acts like a family, not a hotel. The line between "my space" and "the common area" feels closer to family life, which enables regimens to flow more naturally. Homeowners can gravitate to their favored areas without going through long corridors or official dining rooms.

These structural functions matter because they make it practical to deviate from one-size-fits-all regimens. If you just have six people to wake, bathe, dress, and serve breakfast, you can pay for to let somebody sleep up until 9 a.m. You can spend 10 extra minutes assisting another resident choose a favorite clothing rather of hurrying to strike a seat count in the dining room.

Activities of daily living as identity, not just tasks

Healthcare specialists often divide day-to-day function into "ADLs" and "IADLs." It sounds clinical. In practice, each of those ADLs carries a piece of who the individual is and how they see themselves.

Bathing can be a vulnerable moment or a small high-end. A retired mechanic who prided himself on self sufficiency may resist help in the shower because it seems like a loss of independence, while another resident discovers comfort in a caretaker who understands simply how warm to make the water and which lavender soap she likes.

Dressing is not just about staying warm and covered. Clothes ties to dignity, modesty, cultural background, even previous functions. I still keep in mind a previous bank manager who unwinded noticeably when personnel recognized he needed a pushed button down t-shirt, even with elastic waist trousers, to feel "prepared for the day."

Toileting and continence touch on embarrassment and privacy. Badly managed, they are a huge source of distress. Handled respectfully, with proactive timing and quiet assistance, they become one more routine that maintains self-confidence instead of deteriorating it.

Mobility is autonomy. Whether somebody strolls separately, utilizes a walker, or requires a wheelchair, the concerns are the very same: How can we keep them moving safely, and how can we avoid turning them into a passive passenger in their own life?

Feeding and meals represent even more than calories. They are social time, sensory experience, and memory triggers. Small senior homes that prepare in an open cooking area, with gives off onions sautéing or cookies baking, use that emotional layer of care.

Medication management is typically the least individual part of the day in large settings. In smaller homes, the same caregiver may understand how to match pills with a joke or a preferred muffin, and might notice subtle changes in how a resident swallows or reacts.

Treating these jobs as identity moments, not just as care commitments, is the beginning point for real personalization.

How small homes find out each resident's "default setting"

Personalization does not take place by accident. The best small homes develop it on a few crucial practices.

First, they take intake seriously. I have seen admissions done with a clipboard in 20 minutes, and I have seen them take two hours around a dining table with tea and family pictures. The second method produces much better care. Staff ask not just "Can you shower yourself?" but "Do you choose showers or baths? Early morning or night? Alone or with the door partly open so you can hear the television?" For somebody with dementia, families frequently fill in the spaces about lifelong habits.

Second, they create a working biography. It might be an official "life story" file or simply a personnel culture of telling stories about locals during shift change. A note like "Julia taught second grade for thirty years and dislikes being hurried" has direct implications for how you handle her mornings.

Third, they watch and adjust over the very first weeks. What a resident or household reports on the first day does not constantly match truth in a brand-new setting. Anxiety, unknown restrooms, various beds, or new medications can shift sleep patterns and continence. Small personnels often observe rapidly, because the individual is not one of numerous at the end of a long corridor. If Mr. Lopez declines his 7 a.m. Shower three early mornings in a row, caregivers can suggest a late early morning or night routine practically immediately.

Finally, they offer frontline staff genuine authority. In large centers, caregivers might have little room to deviate from the printed schedule. In well handled small homes, the administrator anticipates caregivers to improvise within factor and to bring back ideas that worked. That autonomy is important for tailoring.

Morning regimens: getting up as yourself

Mornings expose really rapidly whether a small home genuinely personalizes care or merely repeats a smaller variation of institutional routines.

I recall two residents from the same home who might not have been more different. One, a retired nurse in her late seventies, woke naturally at 5:30 a.m. Her whole adult life. She enjoyed the peaceful and liked to shower early, have coffee, and enjoy the early news. The other, a former musician in his eighties, had been a lifelong night owl. Requiring him out of bed before 9 a.m. Made him irritable and confused.

In a bigger building with 80 residents, both may get a standard 7 a.m. Get up and 8 a.m. Breakfast because the staffing design demands it. In the small home where they lived, the over night caretaker began the nurse's shower at 6 a.m. By option, then sat her at the cooking area table with coffee before the day shift shown up. The artist had a care strategy that specifically stated "Do not wake before 8:30 unless clinically essential." His very first hour of the day was intentionally slow and disorganized, with breakfast all set when he was totally awake.

That sort of distinction depends upon small information: knowing who sleeps lightly, who needs a gentle voice or a discuss the shoulder instead of brilliant lights, who prefers to select their own clothing versus having actually two clothing set out. In time, caregivers in a small home find out these nuances almost the way member of the family do. Getting up becomes something that beehivehomes.com elder care happens with somebody, not to them.

Bathing and grooming: privacy, comfort, and cultural respect

Bathing is one of the most individual ADLs, and one where poor handling can rapidly cause rejections, agitation, or straight-out fear, particularly in locals with dementia.

Small senior homes have a simpler time matching bathing regimens to personal history. For instance, lots of older grownups grew up without day-to-day showers. Requiring a shower every early morning might feel intrusive or perhaps unneeded to them. In a six bed home, it is entirely practical to schedule baths two or 3 times a week for those locals, while still supplying day-to-day face cleaning, oral care, and grooming.

Cultural and spiritual norms likewise matter. Some locals choose exact same gender caregivers for bathing. Others have specific expectations around modesty, such as keeping particular body parts covered as much as possible. In a small home, staffing and scheduling can often appreciate these requirements, rather than treating them as inconvenient.

Temperature and sensory sensitivity play a useful function. I have actually seen aggressive "behaviors" vanish when we stopped hurrying someone into a cold restroom and rather warmed the space, set out thick towels in their preferred color, and played soft music. These are small, economical modifications, however they need time and attention.

Grooming routines, like shaving, hair styling, or makeup, are frequently overlooked in bigger settings. In small homes, I have watched caregivers discover precisely how one resident liked her lipstick and earrings before church, or how another chosen a hot towel shave every other day. These are not luxuries. They are methods of saying, "You are still you."

Dressing and continence: function without compromising dignity

Clothing options illustrate the compromise in between safety, convenience, and self expression. A resident at threat of falls might need strong shoes and simple to put on trousers, but that does not immediately mean institutional sweats. In small homes, staff typically have time to help residents adapt their own design using flexible waist slacks, adaptive t-shirts with surprise Velcro, or layered clothes for warmth.

I keep in mind a lady who had constantly used collaborated clothing with fashion jewelry. In her first week in a small home, personnel observed her state of mind enhanced when they involved her in selecting a headscarf and pendant each early morning, even when they ultimately had to attach the clasp for her. That minute or two of involvement was an ADL intervention, not fluff.

Toileting and continence care advantage greatly from close observation. In a large center, arranged toileting may happen every two hours on a rigid round. In a small home, caretakers can sync restroom offers with the person's natural pattern: right after breakfast and lunch, before brief walks, before bed. They rapidly learn subtle indications that somebody needs the restroom but might not verbalize it, such as restlessness or specific fidgeting.

The distinction between an "accident vulnerable" resident and a mostly continent individual frequently comes down to this kind of proactive, customized timing. It minimizes shame, skin breakdown, and urinary infections. Families often undervalue just how much calmer a parent will be when they no longer live in fear of public accidents.

Mobility and "built in" activity

In small senior homes, motion is not limited to scheduled workout classes. The really layout motivates short, meaningful journeys: from bed room to cooking area, from favorite chair to garden, from living space to mailbox. For residents with movement challenges, caregivers can weave these movements into ADLs in subtle ways.

For an individual who utilizes a walker, personnel might place the coffee pot simply far enough from the table to motivate a brief walk, with close guidance, each morning. Instead of wheeling somebody to the restroom, they

may permit additional time and stand-by assistance so the resident can stroll with a gait belt.

What appears like "aiding with ADLs" on a care strategy can function as low level, regular physical therapy. The secret is to strike a balance in between safety and autonomy. Small homes, with far fewer homeowners to monitor, can legally provide someone an additional five minutes to walk at their speed rather than pushing a wheelchair to conserve time.

I have likewise seen the way small groups notice modifications early: a minor shuffle, slower transfers, brand-new doubt on stairs. That early detection allows for prompt physician visits, medication reviews, and maybe home based physical treatment, rather of awaiting a fall and an emergency room visit.

Mealtime routines: more than three scheduled seatings

Meals in small senior homes feel and look different from dining establishment design dining in big assisted living communities. The cooking area is normally close enough that locals can smell food cooking. Some may sit at the table while personnel prepare breakfast, which naturally prompts discussion: "Do you want eggs today or just toast?" "Orange juice or tea?"

From an ADL point of view, this environment uses versatility in timing and format. A resident who wakes earlier might have a light first breakfast, then sign up with others later on for coffee and a pastry. Somebody with sophisticated dementia might be calmer with 3 or four smaller meals and snacks, served when they reveal interest, instead of being expected to eat three big plates on an exact clock.

Texture modifications and special diet plans are simpler to personalize when the cook is preparing meals for 8 rather of eighty. You can have one plate pureed, one chopped, and one regular without overwhelming the cooking area. Personnel can also discover patterns: Joe eats much better when his pills are provided after breakfast, not before; Maria consumes more when her water is flavored with a piece of lemon.

This is likewise where respite care stays end up being a chance to test and fine-tune regimens. When a household sends out a parent for a week of respite care in a small home, attentive staff may realize that the "bad appetite" reported in the house is partially a function of timing, isolation, or the method food is presented. That insight can take a trip back home with the family, or might notify an irreversible relocation if needed.

Medication and health routines that fit the person

Medication management tends to look standardized from the exterior: times, does, blister packs. Personalization appears in the way medications are woven into life and how adverse effects are noticed.

For example, a diuretic offered too late at night may guarantee night time bathroom trips and poor sleep. In a small home, caretakers see the immediate effect. They witness the resident shuffling to the restroom at 2 a.m., then groggy at breakfast, and can flag this pattern to the nurse or doctor. Adjusting the timing to late morning can significantly improve quality of life.

Similarly, pain medications for arthritis or persistent neck and back pain can be scheduled to peak before the most active part of the day, or before a known trigger like bathing. That enables citizens to participate more fully in their own ADLs rather of requiring total assistance.

Small teams also discover mood and cognition variations associated with medications: a brand-new antidepressant that makes somebody more taken part in grooming, or a sedative that leaves them too sleepy to eat. These subtleties often get missed out on in larger operations where different staff communicate with the person at different times and in different departments.

The role of relationships: connection as a clinical tool

Personalizing ADLs is not only about treatments. It depends heavily on stable relationships. In small homes, the exact same 3 to six caregivers typically cover most shifts. Citizens get utilized to the exact same faces helping them shower, gown, and relocation. That familiarity builds trust, which in turn makes intimate care less difficult and more effective.

I have watched a resident with advanced dementia resist bathing from a brand-new team member, then unwind nearly right away when a familiar caretaker took over. There was no magic expression. It was the body movement, tone of voice, and shared history: "It's me, Anna, the one who constantly sings your church tunes while we clean your hair."

Continuity likewise helps staff acknowledge small changes that could signify health issues: a new tremor when holding a toothbrush, wincing when raising an arm throughout dressing, or unstable transfers from chair to walker. These observations are often very first made throughout ADLs, not during formal assessments.

For families, this relational stability is part of what differentiates great small homes from mediocre ones. High turnover weakens personalization. A home that maintains caretakers for years, not months, can collect a deep understanding of each resident's quirks and preferences.

Working with families in the past, throughout, and after move-in

Families get here with their own regimens and stressors. Some have actually been offering hands-on elderly take care of years, waking several times at night to aid with toileting or roaming. Others are actioning in after an abrupt hospitalization. Small senior homes that excel at personalized ADLs usually involve families closely.

This begins even before admission, with truthful conversations about what is working at home and what is not. A boy may describe his mother as "refusing showers," however when penetrated, it ends up she only refuses when he tries to assist and withstands far less when a female caregiver is involved. That detail forms staffing assignments.

Respite care is an effective tool here. Brief stays, typically lasting a couple of days to a few weeks, enable the home to learn the person while giving the household a break. During respite, personnel can explore timing, sequence, and approaches to ADLs. They may find that Dad accepts toileting support much better if provided right after his mid-morning coffee, or that Mom consumes twice as much when she sits next to someone who chats gently.

After a relocation, families need regular feedback, not practically medical problems but about daily regimens. An excellent small home will share particular observations: "Your father really likes picking between 2 t-shirts rather of having a full closet to look at. It seems to minimize his frustration when dressing." These information assure families that their loved one is seen as a person, not a list of tasks.

Questions households can ask to judge genuine personalization

Families touring small senior homes often hear comparable expressions: "We supply customized care." "We treat your loved one like household." To find out whether that holds true in practice, specific, concrete concerns help.

Here are useful questions to ask during a tour or care conference:

1. How do you choose what time each resident gets up and goes to bed?
2. Who chooses clothes each day, and how do you manage it if a resident's option is not practical?

3. Can you describe how you help someone who is modest or afraid with bathing?
4. What occurs if my parent does not wish to eat at the arranged mealtime?
5. How do you include families in upgrading regimens when health or abilities change?

The responses ought to include examples, not just policies. Listen for stories that show staff notification and respond to private quirks.



Red flags that routines are not truly tailored

Personalized ADLs leave traces visible to an attentive visitor. Likewise, generic care has its own signs. When I talk to families, I motivate them to look for a few warning patterns.

1. Everyone wakes, eats, and showers at the very same times, with no exceptions mentioned.
2. Staff refer primarily to "our residents" rather than utilizing names and describing specific preferences.
3. You see numerous homeowners in mismatched or stained clothing, or with unshaven faces and unbrushed hair, without an excellent explanation.
4. Bathrooms smell strongly of urine on repeated visits, suggesting hurried or badly timed continence care.
5. When you ask about your loved one's regular, staff quote the care strategy but struggle to describe what actually happened yesterday.

Any among these may have an innocent reason on an offered day, however a pattern recommends a task focused culture rather than a person focused one.

The peaceful benefits: security, mood, and realistic independence

When activities of daily living are tailored thoroughly in a small senior home, the benefits are simple to undervalue since they look regular. Falls decline since mobility assistance is aligned with how the individual really moves. Skin remains healthy due to the fact that bathing and continence care are proactive and considerate. Cravings improves since meals match individual routines and rhythms.

Families typically report that a parent seems "more themselves" after moving into a small, individualized assisted living home, in spite of the anticipated losses of aging. Part of that impact comes from social connection. Another part originates from the easy relief of having help with ADLs that feels supportive rather than infantilizing.

Personalized routines have limits. Not every preference can be honored each time. Personnel burnout and turnover stay dangers, particularly in underfunded settings. Some residents need such comprehensive physical support that options need to be narrowed for safety. Still, within those restrictions, small homes that treat ADLs

as the material of daily life, not a list, give older adults a quieter but extensive gift: the ability to go through normal tasks in such a way that still feels like their own.

For households weighing alternatives in senior care, it assists to look beyond the sales brochures and ask, "What will early mornings feel like here? How will my mother be helped to bathe, dress, consume, utilize the bathroom, relocation, and manage her health day after day?" In a good small home, the answer sounds less like a schedule and more like a story about one particular person. That is where real personalization lives.

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>

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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](tel:9012863455), visit their website at <https://beehivehomes.com/locations/collierville/> or connect on social media via [Facebook](#) or [Instagram](#)

Residents may take a trip to the [Collierville Depot](#). The Historic Train Depot area offers local history and railroad heritage that can be enjoyed by individuals receiving Assisted Living, Memory Care, Senior Care, Elderly Care, and Respite Care.