

Business Name: BeeHive Homes of Kanab
Address: 1364 S Powell Dr, Kanab, UT 84741
Phone: (435) 767-9033

BeeHive Homes of Kanab

Located adjacent to the beautiful community park in the Kanab Creek Ranchos area, this popular facility serves the residents of Kanab and Kane County. There's usually a sing-a-long and banjo band practicing on Sunday afternoons and typically a few residents sitting on the big front porch. Pet therapy visits from neighboring "Best Friends" Animal Sanctuary is also a favorite activity.

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1364 S Powell Dr, Kanab, UT 84741

Business Hours

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

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Families usually reach assisted living at a point of stress, not leisure. A parent has actually fallen two times in three months. Medications have ended up being complicated or skipped. A spouse with early dementia has started wandering during the night. The house that when represented stability now feels risky, and adult kids are pulled between work, caregiving, and their own families.

When you start checking out senior care alternatives, the range is dizzying. Big schools with theaters and restaurants, small board and care homes tucked into residential neighborhoods, specialized memory care units, short stay respite care programs. Pamphlets guarantee security, self-respect, self-reliance. What numerous families actually crave is something much simpler: a location where their loved one will be known, really supervised, and not lost in a crowd.

Over the previous twenty years working in elderly care, I have actually seen that little assisted living homes frequently deliver that feeling of security and individual connection more consistently than large neighborhoods. They are not the best answer for every circumstance, and they bring their own restrictions, yet for numerous older adults they provide a balance that feels closer to "home" than "facility."

This is an attempt to unpack why.

What "small assisted living" generally means

The label "assisted living" covers a large spectrum. At one end, there are resort style communities with hundreds of houses, several dining venues, and a calendar that looks like a cruise ship schedule. At the other, there are six to twelve bed homes on quiet streets, typically transformed single household houses accredited to offer senior care.

When I speak about little assisted living homes, I indicate those residential scale settings with a restricted variety of citizens, generally:

- Licensed for approximately 4 to 16 residents
- Staffed by a handful of caregivers per shift
- Located in regular neighborhoods
- Run by an owner or director who is on website frequently

Terminology differs by state. You will hear "board and care," "RCFE," "residential care home," or "individual care home." Laws differ, however the fundamental design is similar: assisted living and sometimes memory care delivered in a house sized environment.

For families utilized to thinking in terms of "nursing homes," this can feel unfamiliar. Yet for many older grownups who do not require complete skilled nursing, these environments fit both their care requirements and their psychological requirements extremely well.

Why smaller often feels safer

When people state a place "feels safe," they are seldom referring only to get bars and smoke alarm. They are normally describing a mix of presence, predictability, and human attention. In a little home, several practical elements come together to develop that impression.

First, the scale itself limits just how much can be missed out on. In a 10 bed home, a caretaker walking from the kitchen to the living room passes most bedroom doors. If a resident is trying to stand from a recliner unassisted, somebody is likely to see. Informal supervision is constructed into the geography.



Second, staff know what "regular" appears like for each resident, typically in surprising detail. When you take care of a lots individuals day after day, you learn who usually eats the entire bowl of oatmeal and who just picks at toast, whose gait is constantly a bit unsteady and who suddenly seems slower this week. That standard knowledge is crucial for early detection of problems.

I keep in mind one resident, Mr. K, who lived in a 12 bed home where I spoke with. He was relatively independent, still walked the backyard course every early morning. One day a caretaker discussed silently, "He burnt out midway today and muffled the bench. That is not like him." They inspected his oxygen saturation, which was lower than normal, and called his primary care office. Within 24 hr he was detected with a moderate pneumonia and began on treatment. In a larger setting, a single shorter walk may not have actually registered the exact same way.

Third, smaller homes tend to have fewer layers between decision makers and everyday care. If a caretaker is worried about a brand-new swelling or a change in appetite, the owner or administrator is typically in the structure or a fast phone call away. There is less bureaucracy to press through before acting. Families pick up that responsiveness, and it feels safe.

From an ecological viewpoint, smaller sized homes likewise normally include:

- Shorter ranges between rooms
- Fewer elevators and long corridors
- Quieter, less disorderly typical areas
- Direct line of visions between staff and residents

That makes a difference for fall danger, nighttime wandering, and basic stress and anxiety. For somebody with mobility issues, the possibility of navigating a long corridor to reach the dining room twice a day can develop worry. Walking twenty feet to a small dining location feels more manageable, and that confidence itself reduces risk.

The psychological side of safety

Physical security is only part of the equation. Emotional security matters just as much in elderly care, specifically for those with cognitive changes.

In numerous large assisted living communities, staff are kind and well trained, however the roster turnover and sheer variety of citizens make deep familiarity hard. Citizens might acknowledge faces, but not constantly feel recognized. For

somebody who has actually currently lost parts of their memory or physical self-reliance, that can feel like being adrift.

In small homes, relationship tends to end up being the arranging principle. A resident is not "in home 310." She is "Mrs. Harris, who likes chamomile tea at 8 pm and desires the newspaper folded before breakfast." That understanding is not tucked away in a care strategy binder. It lives in the day-to-day regimens of the staff.

I have sat at long dining tables in these homes and seen subtle emotional care in action: a caregiver seeing that Mr. Lopez is staring out the window a bit longer than usual and bring up a chair to ask about his favorite fishing area, another gently redirecting a baffled resident by handing them a basket of napkins to fold during an uneasy spell. These are small minutes, yet for households they address the most fundamental fear: "Will someone notification when my mom is having a hard time, even if she can not ask for assistance clearly?"

That is specifically vital in memory care. Homeowners with dementia often can not advocate for themselves, might misinterpret environments, and can escalate into anxiety or agitation rapidly. A little setting reduces the quantity of sensory input they need to process and enables personnel to respond early to subtle cues.

How care is personalized in smaller homes

Personalization is a stylish term, but in elderly care it has a concrete meaning: how specifically does the everyday regular fit the person, rather than forcing the person to fit the routine.

Large assisted living and memory care communities do strive on this. They develop personalized care plans, inquire about biography, and deal differed activities. Yet logistical truths push toward standardization. Meals at set times, group bathing schedules, medication passes done on a strict route.

In a small home, there is more room to flex the structure to match individual preferences. That can look like:

A resident who always overslept until 10 am being enabled to keep that habit, instead of being pulled into a 7:30 breakfast. A retired night nurse who remains more comfy staying up later with personnel working quietly in the kitchen area close by. A devout resident having area and privacy reserve for day-to-day prayer at a specific hour, with personnel adjusting shower times around it.

For those with dementia, customization can imply constructing the day around maintained capabilities instead of losses. I remember a female who had been a teacher for 35 years, now in moderate phase Alzheimer's illness. She was quickly distressed in noisy groups however became calmer when offered tasks that resembled class preparation: arranging colored pencils, arranging paper stacks, "reviewing" kids's books. In a small memory care home, personnel wove that into her day naturally. In a larger building, where activity calendars were concentrated on big group occasions, it had been more difficult to sustain that level of customized engagement.

Assisted living staff in small homes likewise tend to know family dynamics deeply. They know which child is practical and wants hard data on blood pressure readings, and which child calls every night primarily requiring reassurance. That comprehending lets them interact in manner ins which pacify conflict instead of irritate it.

Staffing truths: ratios, continuity, and burnout

Families typically ask, "What is your staff to resident ratio?" It is a practical concern, yet it only informs part of the story.

Small assisted living homes typically report ratios that look beneficial on paper. For instance, 2 caretakers for ten locals during the day, and one awake over night, sometimes with a live in staff member on the premises. Bigger communities may have more complicated staffing structures, with separate med techs, caregivers, and nurses rotating across wings.

The advantage in little homes is less about the raw ratio and more about continuity. The exact same 2 or three caretakers tend to cover most weekday shifts, another small group covers weekends. Locals and personnel recognize each other quickly. Caregivers discover which locals can wait five minutes for a bathroom call and which can not, who is safe to walk behind unaided and who must be side by side, who will try to get up from bed without calling at 3 am if they drank tea too late.

Continuity likewise lowers mistakes. A familiar caregiver is most likely to capture that a medication blister pack looks different this month and concern it. They are more likely to observe weight changes when assisting a resident gown. In memory care, they rapidly see when a new habit belongs to a pattern or a separated incident.

The obstacle, of course, is that little homes often run lean. If one caregiver calls out sick at brief notice, there is less backup. Owners who run these homes well develop swimming pools of on call staff, step in themselves, and maintain cross training. Families assessing a home ought to not just inquire about common staffing, however also how the home handles gaps, trips, and emergencies.

Burnout is another quiet factor. In a big building, personnel might be stretched thin across many locals, yet the work is somewhat distributed. In a little setting, if care needs increase all of a sudden for two or three people simultaneously, the concern can land greatly on a tiny personnel group. Good operators respond by including additional hours, calling in [elderly care](#) company help momentarily, or bringing hospice partners into the conversation. Poor operators simply press staff harder and hope nobody falls.

When small homes listen to staffing health, the outcome is a level of caregiving stability that citizens and families feel instantly. I have seen caregivers remain with the very same 8 bed home for a decade, shepherding locals from their first day of move in through the last days of hospice. That sort of connection is extraordinarily unusual in institutional settings.

Memory care in a little setting: promise and limits

Dedicated memory care systems inside large communities can offer secure borders, specialized activity programs, and nursing oversight. They are necessary resources for numerous households. Yet they can likewise feel overstimulating for homeowners in mid or later stages of dementia: TVs in typical locations, overhead announcements, a consistent parade of staff.

Small memory care homes that take only locals with cognitive impairment approach safety differently. Instead of locking down a large courtyard, they may fence a workable garden where every corner shows up from the back deck. Instead of a big group activity space, they count on the living room, dining table, and yard as natural event spaces.

The advantages are uncomplicated. A resident who starts to pace is never ever far from a familiar caretaker. Noise levels are much easier to manage. Triggers for agitation, like crowded corridors or too many unfamiliar faces, are reduced.

However, small memory care homes likewise have difficult limitations. They rarely have accredited nurses on website 24 hr a day. If a resident establishes serious behavioral signs requiring frequent medication changes, or complex medical problems like sophisticated diabetes management, they may be better served in a larger community with stronger clinical infrastructure or in a nursing facility.

Families often feel blindsided when a little home says, "We can no longer securely satisfy your loved one's needs." From the operator's viewpoint, this is typically an ethical decision rather than a benefit. A ten bed home without night nursing can not safely manage a resident who begins to fall multiple times a week in spite of interventions, or who ends up being physically aggressive, placing others at risk.

Understanding this from the beginning helps. When you tour, ask directly: "What sort of modifications would make you state that my parent requires a higher level of care?" A transparent response is a good sign.



Respite care: attempting small assisted living on for size

For households who are not sure whether their loved one will endure a relocation, respite care can provide a low commitment trial. Numerous little assisted living and memory care homes use short stays, typically from one week to a few months, where a senior lives in the home briefly while getting the exact same level of assistance as long term residents.

Respite stays serve several purposes. They provide the older grownup a chance to experience the environment without the pressure of a permanent decision. They offer the family a much required break from round the clock caregiving. And they let everyone evaluate fit: Is mom more relaxed in this smaller sized setting, or does she appear bored? Is dad less nervous in the evening when personnel neighbor, or does he bristle at any loss of control?

I worked with a household caring for an 84 year old father with moderate dementia and substantial nighttime wandering. The child was encouraged he would refuse any relocation, yet she was sleeping with one eye open every night, horrified of him leaving the house. They arranged a 3 week respite remain in a six bed memory care home under the pretext of "helping Dad recuperate after a healthcare facility visit." To the child's awe, he settled quickly and began joining little group songs in the living-room each afternoon. By the second week, she informed me, "He actually seems calmer there than at home." That respite stay eventually ended up being a long-term relocation, however because it began as a short-term measure, everyone felt less trapped by the decision.

Respite care is likewise a chance to test how the home interacts. Throughout the stay, you need to get updates about sleep, hunger, mood, and any occurrences. Focus not only to what is reported, but to the tone. Are staff merely documenting occasions, or do they use thoughtful observations and adjustments?

When a bigger community may be better

Small assisted living homes are not a universal solution. There are clear circumstances where a bigger community or greater level of care is more appropriate.

Residents with complicated medical needs that verge on experienced nursing typically need the on site presence of licensed nurses, rehab therapists, and regular doctor oversight. For instance, someone with phase IV congestive heart failure on multiple titrated medications, or an insulin reliant diabetic with highly labile blood sugars, might surpass what a small residential home can securely manage.

Some older grownups genuinely thrive with more stimulation than a small home can provide. Extroverted citizens who delight in constant activity options, structured classes, and a wide array of peers might discover a little group restricting. I looked after a retired music teacher who lasted precisely 3 weeks in a relaxing eight bed home before stating, quite fairly, that he missed out on the energy of the larger continuing care community he had actually previously toured. He moved to the bigger school, signed up with 3 clubs within a month, and was clearly happier.

Couples with mismatched needs in some cases discover better choices in bigger settings as well. If the spouse needs memory care and the other half is still relatively independent, a community with both assisted living and independent

living on one campus can reduce separation. Some small homes can take the spouse with greater needs and enable the healthier partner to visit daily, yet that arrangement is not always sustainable.

Cost and location likewise matter. Small homes in particular regions are limited or priced greater than mid market assisted living neighborhoods. Families often need to consider proximity to their own homes, especially if they prepare to visit several times a week.

The secret is to view little homes as one tool in the senior care tool kit, not a universal answer. The right fit depends on care needs, character, family participation, and financial reality.

What to look for when touring a little assisted living home

A polished website or kind marketing director can not alternative to what you observe face to face. When you tour, your senses are your finest guides. One focused list can help you organize impressions without lowering the experience to numbers alone.

Consider paying unique attention to these points during your visit:

- **Staff existence:** Are caretakers visible, engaged with locals, and unhurried, or are they mostly in the workplace or kitchen?
- **Resident state of mind:** Do citizens look generally unwinded, groomed, and appropriately dressed, or do a number of seem distressed or unattended?
- **Cleanliness and smells:** Does the home smell like a resided in home, or exist consistent odors of urine, extreme chemicals, or heavy air freshener covering something else?
- **Communication design:** Do personnel address citizens by name, make eye contact, and discuss what they are doing, or do they talk over locals as if they are not present?
- **Flexibility:** When you inquire about personalized regimens, do you hear particular examples of how they adapt, or only stiff schedules that everyone need to follow?

During a good tour, you must feel able to ask direct questions about falls, hospitalizations, and staff turnover. Transparent homes do not pretend bad things never ever take place. Instead, they discuss what they learned and how they adjusted.

Also observe how they speak about citizens with memory loss. Language matters. Personnel who speak respectfully, avoid labels like "wanderer" or "difficult," and concentrate on remaining strengths show a deeper culture of dignity.

Key questions to ask the administrator or owner

A list of targeted concerns can expose more than an inch thick packet of printed policies. When you meet the administrator or owner of a small assisted living or memory care home, you might use concerns such as:

- "Can you explain a resident whose needs ended up being undue for you to manage, and how you dealt with that shift with the household?"
- "When a caretaker calls out at the last minute, what does your backup plan actually look like on a Saturday night?"
- "How do you collaborate with hospice or home health if my parent ultimately requires those services here?"
- "Inform me about a time something went wrong - a fall, a medication error - and what changed later."
- "If my parent becomes more confused or agitated during the night, what particular strategies do your staff usage before turning to medication?"

Notice how they respond. Honest operators might admit past errors and describe practical enhancements. Avoid places that right away resort to unclear assurances or end up being defensive when pressed.

Balancing head and heart in the last choice

Choosing an assisted living, memory care, or respite care setting for somebody you enjoy is one of the more emotionally loaded choices most families will ever make. It sits at the intersection of security, autonomy, finances, and long held family promises.

Small assisted living homes frequently feel more secure and more individual because they compress that choice into a human scale environment. Regimens show up. Staff are not remote uniforms but individuals you welcome by name. Your mother's favorite chair can fit in the living space. The cook knows which dessert your father should prevent since of his blood sugar, and which he will accept substitute fruit for without feeling punished.



Those qualities do not appear by accident. They grow from thoughtful staffing, mindful management, and an understanding that elderly care is as much relational as it is clinical. When succeeded, small homes can offer an environment where older grownups, even with considerable needs, still experience days that make sense, feel seen, and keep a sense of belonging.

The work for households is to look beyond layout and amenities lists, to evaluate those relational qualities with cautious concerns, honest observation, and, when possible, short respite stays. Numbers such as staff ratios and monthly costs are essential, yet the quieter signs - a hand on a resident's shoulder at the best minute, an employee who remembers your father's war stories from last visit - are typically the ones that tell you whether this specific home will truly feel both more secure and more personal.

- BeeHive Homes of Kanab provides assisted living care
- BeeHive Homes of Kanab provides memory care services
- BeeHive Homes of Kanab provides respite care services
- BeeHive Homes of Kanab supports assistance with bathing and grooming
- BeeHive Homes of Kanab offers private bedrooms with private bathrooms
- BeeHive Homes of Kanab provides medication monitoring and documentation
- BeeHive Homes of Kanab serves dietitian-approved meals
- BeeHive Homes of Kanab provides housekeeping services
- BeeHive Homes of Kanab provides laundry services
- BeeHive Homes of Kanab offers community dining and social engagement activities
- BeeHive Homes of Kanab features life enrichment activities
- BeeHive Homes of Kanab supports personal care assistance during meals and daily routines
- BeeHive Homes of Kanab promotes frequent physical and mental exercise opportunities
- BeeHive Homes of Kanab provides a home-like residential environment
- BeeHive Homes of Kanab creates customized care plans as residents' needs change
- BeeHive Homes of Kanab assesses individual resident care needs
- BeeHive Homes of Kanab accepts private pay and long-term care insurance
- BeeHive Homes of Kanab assists qualified veterans with Aid and Attendance benefits
- BeeHive Homes of Kanab encourages meaningful resident-to-staff relationships
- BeeHive Homes of Kanab delivers compassionate, attentive senior care focused on dignity and comfort
- BeeHive Homes of Kanab has a phone number of (435) 767-9033
- BeeHive Homes of Kanab has an address of 1364 S Powell Dr, Kanab, UT 84741
- BeeHive Homes of Kanab has a website <https://beehivehomes.com/locations/kanab/>
- BeeHive Homes of Kanab has Google Maps listing <https://maps.app.goo.gl/DgdPVQuKPzt13nDB8>
- BeeHive Homes of Kanab has TikTok page <https://www.tiktok.com/@beehivehomesofkanab>
- BeeHive Homes of Kanab has Facebook page <https://www.facebook.com/beehivekanab>
- BeeHive Homes of Kanab has Instagram page <https://www.instagram.com/beehivekanab/>
- BeeHive Homes of Kanab won Top Assisted Living Homes 2025
- BeeHive Homes of Kanab earned Best Customer Service Award 2024
- BeeHive Homes of Kanab placed 1st for Senior Living Communities 2025

People Also Ask about BeeHive Homes of Kanab

How much does assisted living cost at BeeHive Homes of Kanab, and what is included?

Monthly rates range from \$4,500 to \$5,300, depending on room size and features. Our pricing is all-inclusive, covering home-cooked meals, snacks, utilities, DirecTV, medication management, biannual nursing assessments, and daily personal care. Families are only responsible for pharmacy costs, incontinence supplies, personal snacks or sodas, and transportation to doctor appointments if needed

Can residents stay in BeeHive Homes of Kanab until the end of their life?

Yes. Many of our residents remain at BeeHive Homes of Kanab through the end of life with the support of local home health and hospice agencies. While we are not a skilled nursing facility, our caregivers work closely with hospice providers to ensure comfort, dignity, and compassionate care. Our goal is for residents to remain in the familiar surroundings of our Kanab home, surrounded by staff and friends who have become family, for as long as possible

Do we have a nurse on staff?

While BeeHive Homes of Kanab does not have a full-time nurse on site, each home has access to a consulting nurse who is available 24/7. If additional medical support is ever needed, a physician can order home health or hospice services to come directly into our home. This partnership allows us to provide personalized care while ensuring residents always have access to the medical attention they may require

Do you accept Medicaid or state-funded programs?

Yes, we participate in Utah's New Choices Waiver Program and also accept the Aging Waiver for respite care. Both programs require prior authorization, and we are happy to help guide families through the process

Do we have couple's rooms available?

Yes, couples are welcome in our larger rooms, including suites with private full baths. This allows spouses to continue living together while receiving the care and support they need

Where is BeeHive Homes of Kanab located?

BeeHive Homes of Kanab is conveniently located at 1364 S Powell Dr, Kanab, UT 84741. You can easily find directions on [Google Maps](#) or call at [\(435\) 767-9033](tel:435-767-9033) Monday through Sunday 9:00am to 5:00pm

How can I contact BeeHive Homes of Kanab?

You can contact BeeHive Homes of Kanab by phone at: [\(435\) 767-9033](tel:(435)767-9033), visit their website at <https://beehivehomes.com/locations/kanab/> or connect on social media via [TikTok](#) [Facebook](#) or [Instagram](#)

[Ranchos Park](#) offers open grassy fields and shaded picnic areas where residents in assisted living, memory care, senior care, elderly care, and respite care can enjoy calm outdoor relaxation.