

Business Name: BeeHive Homes of Crownridge Assisted Living & Memory Care

Address: 6919 Camp Bullis Rd, San Antonio, TX 78256

Phone: (210) 874-5996

BeeHive Homes of Crownridge Assisted Living & Memory Care

We are a small, 16 bed, assisted living home. We are committed to helping our residents thrive in a caring, happy environment.

[View on Google Maps](#)

6919 Camp Bullis Rd, San Antonio, TX 78256

Business Hours

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

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Families generally do not begin investigating senior care till something has actually currently failed. A fall, a missed medication, a late-night emergency clinic visit. By the time I meet many families, they are exhausted, nervous, and attempting to decode a labyrinth of terms: assisted living, memory care, proficient nursing, respite care, home health, hospice.

The terminology can feel abstract, however the choices are not. They determine whether a parent can hug their good friends, whether a spouse can sleep through the night, and how much savings may remain five years from now. Getting clear on care levels early, before a crisis, gives you alternatives you simply do not have when you are under pressure.

This guide walks through how assisted living fits into the broader landscape of senior care, the differences that really matter day to day, and how households can match a real person's needs to the right setting.

How care needs normally alter with age

Most older adults do stagnate straight from complete self-reliance to a nursing home. Needs normally progress in stages, although the timeline varies.

In the early phase, someone might live individually but require small assistances: a weekly housemaid, grocery shipment, a next-door neighbor who checks in. At this point, the primary concerns are social seclusion, minor security concerns in the house, and the first hints of forgetfulness. Families often observe stacks of unopened mail or expired food in the fridge long before they see remarkable changes.



GROUNDBREAKING

Join us for a groundbreaking to celebrate the expansion of
BeeHive Homes of Crownridge Assisted Living!

BeeHive Homes of Crownridge offers the finest assisted living experience in a comfortable homelike setting. Residents enjoy their own private room and 3/4 bathroom, home-cooked meals, fun activities, and beautiful Hill Country surroundings with great views and abundant wildlife. Their staff is attentive and provides care and assistance in a loving and respectful manner.

They are excited to celebrate the groundbreaking of a new 24-bed assisted living facility at their senior living village in Crownridge!

Date and Time: Tuesday Apr 8, 2025 → 1:30 PM - 2:00 PM CDT

Location: BeeHive Homes of Crownridge Assisted Living
6919 Camp Bullis Rd, San Antonio, TX 78256

***Parking Info:** Guests are asked to park at the Crownridge Banquet Hall, which is located just before BeeHive Homes of Crownridge Assisted Living, on the east side. Event parking signs will be out!

**QUALITY ASSISTED LIVING
IN A HOMELIKE SETTING**

Over time, everyday jobs begin to slip. Managing multiple medications, safely getting in and out of the shower, preparing regular meals, and staying up to date with laundry and standard home upkeep start to seem like too much. This is where assisted living and similar elderly care choices come into view. The goal is to support self-reliance, not to change it, while getting rid of adequate burden and danger that the person can regain some quality of life.

In later on phases, when someone has intricate medical requirements, advanced dementia, or requires aid throughout the night, higher levels of care such as memory care or knowledgeable nursing become better suited. The transition is rarely a tidy line. I typically see families try to spot things together in your home long after it has actually ended up being unsafe, merely because they do not have a mental map of what else exists.

Understanding each care level helps you prevent two typical errors: moving prematurely into a setting that is more restrictive and expensive than needed, or waiting so long that a crisis forces a hurried move into the first offered bed.

Key care settings in the senior care spectrum

Clinical books explain care levels in regards to regulations, staffing ratios, and compensation designs. Households experience them more concretely: who helps Mom with her shower, who notices if Dad seems more confused, who is there at 2 a.m. If he can not breathe.

Here is how the primary options differ in real life.

Independent living and aging in place

Independent living neighborhoods and aging in location in your home occupy the lowest level of official senior care. The person is mainly self-sufficient but might gain from an encouraging environment.

In independent living, older adults live in personal apartment or condos or cottages, with shared dining choices, light housekeeping, and social activities. Personnel do not usually provide hands-on support with bathing, dressing, or medications. It works finest for someone who can handle their own routines however wants benefit, community, and a safer environment than a big, aging house.

Aging in location at home relies on family, worked with caregivers, or going to professionals to supply aid. This course provides autonomy and psychological comfort, but it features coordination difficulties. Someone has to handle schedules, backups when caretakers are sick, home safety modifications, and transport. For families who

live neighboring and can share duties, it can be extremely successful. For adult kids who live hours away, it can become a logistical and emotional strain.

I frequently encourage families to treat home-based assistance as a flexible layer that can broaden and contract as requirements alter. A couple of hours of assistance each week can eventually become day-to-day assistance or over night coverage without needing a physical relocation, a minimum of till medical intricacy or cognitive decline makes home care too challenging or expensive.

Assisted living: the middle ground

Assisted living is created for older adults who do not require 24-hour nursing care, but can not handle securely with just occasional assistance. It is the middle of the senior care spectrum, and for lots of people it is where they invest the majority of their later years.

Residents generally live in private or semi-private apartments. Personnel assist with activities of daily living such as bathing, dressing, grooming, toileting, and moving. They likewise support so-called instrumental activities: handling medications, setting up transport, doing laundry, and often collaborating medical appointments.

What households usually underestimate is the impact of structure. Scheduled meals, day-to-day check-ins, and on-site activities lower the turmoil that sneaks into life when an older adult is alone for long stretches. For somebody with mild memory concerns, having personnel advise them of meals, occasions, and medications can prevent more serious decline.

At its finest, assisted living feels like a small community, not an organization. Residents still lock their doors, choose how to furnish their spaces, and pick whether to sign up with group activities or keep to themselves. They simply do not need to fret about stairs, cooking on a gas stove, or remembering every tablet on their own.

However, assisted living neighborhoods differ commonly. Some are more hospitality-focused, with resort-like facilities and lighter care. Others lean toward greater acuity, with more robust staffing and closer ties to healthcare providers. Asking comprehensive concerns about what happens when needs increase is important, since a community that looks best today might not be able to support someone if they begin to require two-person transfers or nightly monitoring.

Memory care: assisted coping with safe support

Memory care is typically licensed either as a different system within an assisted living community or as a distinct facility under comparable guidelines, depending on the state. It serves people with moderate to sophisticated dementia who are unsafe in unsecured environments, no matter their physical strength.

Families generally think about memory care when roaming, substantial confusion, or behavioral modifications make basic assisted living or home care risky. For example, a person who repeatedly attempts to leave the building at night or believes strangers are in their home may need the structured, safe environment of memory care.

Staff in memory care settings receive targeted training on dementia, interaction methods, and behavior management. Structures are created to reduce triggers: clear sight lines, circular strolling paths, and visual cues that assist homeowners orient themselves. Activities intend to match abilities, not highlight deficits, which can drastically minimize agitation.

The compromise is a more controlled environment. Doors are locked or alarmed. Options are structured. Personal privacy still matters, however the emphasis tilts more towards security than autonomy. For some families, this seems like a relief; for others, it is emotionally difficult but necessary.

Skilled nursing and rehabilitation

Skilled nursing centers sit at the greatest level of standard elderly care outside hospitals. They serve 2 broad groups.

The very first group consists of short-stay rehab patients. Think about somebody who had a stroke, hip fracture, or major surgery. They require extensive physical treatment, occupational treatment, and sometimes speech therapy, in addition to close medical monitoring. The objective here is to recuperate sufficient function to return home or to a less intensive setting such as assisted living.

The 2nd group includes long-lasting homeowners whose medical or practical needs surpass what assisted living can fairly deal with. Examples include people needing feeding tubes, complex wound care, regular intravenous medications, or total help with all activities of daily living. Staffing consists of signed up nurses around the clock, and the facility should follow more stringent medical regulations.

Families often worry that moving a parent to a competent nursing facility is a one-way trip. That is not constantly the case. With strong rehabilitation, numerous older grownups return to assisted living or home. The secret is to have clear objectives and timelines from the first week, and to remain actively involved in discharge preparation instead of assuming the center will immediately suggest the least limiting option.

Home health, private task, and respite care

Not every option involves a move. A number of services can twist around an older adult anywhere they live.

Home health is a Medicare-covered service (in the United States) that offers intermittent experienced care in the house, such as nursing visits, physical treatment, or wound care, generally after a hospitalization or a change in condition. It is not the like an everyday caretaker. Believe visits a few times a week for particular scientific jobs, instead of continuous aid with bathing or cooking.

Private duty caregivers, employed through agencies or individually, fill that daily support function. They can aid with individual care, housekeeping, errands, and companionship. Appropriate guidance and planning are crucial, especially for overnight care or complex medications. Costs accumulate quickly at high hours, however for the best scenario, this path can extend somebody's ability to stay in the house significantly.

Respite care bridges gaps. It can mean a short-term remain in an assisted living or memory care neighborhood, or short-term additional in-home assistance, so that a household caregiver can rest, travel, or address their own health requirements. I have actually seen many unwilling parents agree to a "trial stay" framed as respite care, just to choose they prefer the additional assistance and social contact. Utilized wisely, respite can avoid burnout and hold-up permanent placement.

Signals that assisted living may be the best level

Families typically ask for a list of "signs it is time," as if there were an accurate threshold. Reality is messier, however some patterns repeat across many families I have actually worked with. Rather than offering a rigid checklist, think about these recurring scenarios.

An older adult starts having minor accidents in the house: slips in the shower, burns from the range, or difficulty navigating steps. They might reject these incidents, however you observe increasing hesitation or fear around specific jobs. A single major fall can alter the trajectory of someone's health; small ones are early warning signs.

Medication errors end up being regular. Pill organizers sit unblemished. You find duplicate prescriptions for the exact same drug, filled at different drug stores. Healthcare facility visits for conditions that need to be managed,

such as cardiac arrest or diabetes, become more common. Assisted living personnel can handle medication administration, minimizing this risk [senior care](#) dramatically.

Nutrition and health decrease. Your parent who when prided themselves on cool clothes and a neat cooking area begins to wear the very same attire multiple days and lets dishes accumulate. Weight-loss, frequent urinary tract infections, or dental issues signify that daily regimens are getting away from them.

Social withdrawal grows. Even when physically efficient in heading out, the individual rarely leaves home, misses out on religious services or club meetings, and seems unusually anxious about visitors. Isolation is not just lonesome; it speeds up cognitive and functional decrease. Assisted living communities, when well run, can reverse this trend.

Caregiver stress ends up being apparent. A spouse in their late seventies tries to help their partner transfer from bed to chair, risking their own health. An adult child spends most evenings managing crises by phone and most weekends capturing up on jobs for their parent, squeezing their own family and work time into the margins. When the support group begins to split, the older adult's stability generally follows.

If numerous of these elements exist, assisted living is worth a serious appearance. It does not imply somebody has lost all self-reliance. It indicates you are shifting from an improvised home-based system, frequently vulnerable and surprise, to a structured environment where assistance is close by.

How assisted living varies from other elderly care options

Assisted living frequently gets puzzled with both independent living and nursing homes. The differences matter for expectations, security, and cost.

Compared with independent living, assisted living includes hands-on support with personal care and medication management, plus a greater level of personnel availability. Residents may still delight in similar apartments and features, however there is a care team in place that can increase services as requirements grow. Rates often shows this, with base rates plus tiered costs based on care level.

Compared with knowledgeable nursing, assisted living runs on a more social and less medical model. There may be nurses on staff, but they typically are not present 24 hr a day, and medical devices is very little. Regulations are lighter. This environment feels more homelike and less clinical, but it is not ideal for someone who needs continuous monitoring or complex treatments.

Memory care is best idea of as an expertise of assisted living, not something totally different. Both supply help with day-to-day activities, but memory care layers in safe style, greater staffing ratios, and dementia-focused programs. Somebody may start in standard assisted living and later transfer internally to memory care if their cognitive decline progresses.

Home-based arrangements can look extremely different from assisted living, even when the variety of support hours is similar. In assisted living, staff can react if a resident falls at 3 a.m. In home care, unless you have round-the-clock caregivers, emergencies outside scheduled hours count on emergency services or next-door neighbors. On the other hand, staying at home deals familiarity, control over regimens, and sometimes, lower costs at modest care levels.

One of the most helpful questions to ask yourself is: "Where will help originate from at 2 a.m. If something goes wrong, and how reliable is that plan?" Assisted living, memory care, and competent nursing provide specific answers to that question. Home-based systems frequently presume absolutely nothing significant will occur outside set up caretaker hours, which is hardly ever true for long.

Financial and useful trade-offs

Cost is the subject households raise with a mix of worry and confusion. Figures differ extensively by area, but it is common to see month-to-month assisted living charges in the mid 4 figures, with greater rates for memory care and knowledgeable nursing. Home care can appear less expensive at first glance, however when you calculate 24-hour coverage at hourly rates, it typically goes beyond facility costs.

The much deeper problem is value. What are you paying for, and what dangers are you accepting if you try to conserve money by patching services together?

In assisted living, costs normally cover housing, utilities, meals, basic housekeeping, some transport, activities, and a defined level of individual care. Additional needs may be billed as add-ons. Unexpected cost creep prevails when someone's care requirements increase quicker than the household realizes. Request a written description of how the community identifies care levels and how often reassessments occur.

Home care expenses scale with hours. A few hours a week might cost relatively little, but once an individual requires aid numerous times a day or overnight, expenses mount rapidly. Households often undervalue surprise expenses: home adjustments, emergency situation monitoring systems, and the worth of unpaid household caregiver time.

Medicare and comparable insurance programs normally do not pay for long-term custodial care, whether in your home or in assisted living. They cover medically necessary services such as experienced nursing, treatment, and healthcare facility care. Long-term care insurance, when readily available, can balance out some expenditures, but policies differ enormously in what they cover and how advantages are activated. It is important to review policy files instead of rely on assumptions or vague memories of what a representative once described.



I frequently encourage families to consider not just the regular monthly price tag, however also the downstream costs of avoidable hospitalizations, injuries, and caretaker burnout. A slightly greater level of structured assistance can often prevent significant costs and suffering later.

Using respite care to test and transition

Respite care is one of the most underused tools in senior care, regardless of being extremely useful. It provides short-term assistance, normally for a few days to a few weeks, either in the home or in a residential setting such as assisted living or memory care.

In practice, respite serves 3 valuable purposes.

First, it provides household caretakers predictable breaks. Caring for a parent or spouse is physically and emotionally taxing, even when done with love. Regular respite enables caregivers to recharge, take care of their own health, or merely sleep without listening for every small noise in the night. Research studies regularly show that routine breaks reduce anxiety and lengthen a caregiver's capability to continue safely.

Second, respite stays in assisted living or memory care offer a low-risk trial. Instead of dedicating to a long-term move, an older adult can "try out" the neighborhood. Lots of people who insisted they would never leave their home discover they appreciate having meals prepared, business at the table, and someone else handling the laundry. Even when they select to return home, both the family and the community gain important insight into what future support might look like.

Third, respite supplies a safeguard during transitions. After a hospitalization, for example, someone may not yet be safe to return home alone but might not require the complete intensity of experienced nursing. A short-term respite remain in assisted living, with the option to extend, can smooth that healing period and prevent readmission.

If you are considering assisted living but facing resistance from your loved one, framing the relocation as short-term respite instead of long-term relocation typically lowers defenses. It feels more like a trial collaboration than a permanent decision.

A useful framework for picking among options

Families frequently feel pulled in between guilt, worry, and conflicting guidance from good friends or professionals. A more grounded method to approach the decision is to take a look at 3 dimensions: existing needs, most likely trajectory, and assistance capacity.

Here is an easy sequence many households find handy when comparing assisted living with other elderly care choices:

1. Clarify the individual's daily reality

Spend a full day, or numerous, observing or asking particular questions about how your loved one handles. Concentrate on concrete jobs: bathing, dressing, toileting, eating, walking, medications, and home chores. Note what they do separately, what they finish with effort or danger, and what they currently avoid or fail to complete.

2. Map those requirements to care settings

With that image in hand, match requires to the settings described earlier. For instance, if they are mostly independent however lonely, independent living or boosted home assistance might suffice. If they require help with multiple individual care jobs and medication management, assisted living ends up being better. If they are risky alone due to dementia, think about memory care. Severe medical complexity points toward experienced nursing.

3. Assess your household's sustainable support

Ask what level of time, physical effort, and emotional energy the household can realistically provide over the next year, not simply the next month. Include everyone's work schedules, health issues, and monetary limitations. It is much better to be truthful now than to hit a crisis later because everybody quietly presumed another person would step in.

4. Factor in personal values and personality

Some older grownups prosper in community settings, signing up with every activity and forming brand-new relationships. Others are deeply private and value control of their environment above nearly everything. Think about their long-lasting tendencies. A shy individual may still succeed in assisted living if they have a peaceful house and respectful personnel, however they might require more powerful peace of mind about privacy and choice.

5. Revisit as conditions change

No choice is permanent. The right answer this year may be incorrect 2 years from now. Build in regular check-ins, maybe every 6 months, to ask whether the existing arrangement is safe, sustainable, and lined up with your loved one's self-respect. Early adjustments are far less disruptive than emergency situation moves.

Using this process, assisted living emerges not as an unclear middle category, but as a really specific match for someone who requires constant assistance with everyday tasks, a much safer environment, and social structure, however who does not yet require continuous medical care.

Final ideas: balancing safety, self-reliance, and dignity

Senior care choices are hardly ever cool. Brother or sisters may disagree. A parent may refuse any modification in the beginning. Financial constraints restrict options. Feelings run high, specifically when roles reverse and adult children begin to promote for parents who when looked after them.

Yet there is likewise an opportunity here. Thoughtful use of assisted living, respite care, and other senior care options can extend not simply the length of life, but the quality of the years staying. The goal is not just to keep somebody alive, however to support them in living as completely and securely as possible within their existing abilities.

When assessing alternatives, keep going back to three questions.

Is my loved one safe in a way that is sustainable, not based on brave efforts every week?

Do they have adequate support to preserve some happiness, function, or convenience in life, not simply to survive?

Can this arrangement flex as their needs change, without plunging everybody back into crisis?

If you can answer yes to those three, whether the setting is assisted living, home with robust support, or a higher level of elderly care, you are on strong ground. If not, it may be time to reassess how the various care levels described here can interact to produce a more steady and gentle course forward.

BeeHive Homes of Crownridge Assisted Living has license number of 307787

BeeHive Homes of Crownridge Assisted Living is located at 6919 Camp Bullis Road, San Antonio, TX 78256

BeeHive Homes of Crownridge Assisted Living has capacity of 16 residents

BeeHive Homes of Crownridge Assisted Living offers private rooms

BeeHive Homes of Crownridge Assisted Living includes private bathrooms with ADA-compliant showers

BeeHive Homes of Crownridge Assisted Living provides 24/7 caregiver support

BeeHive Homes of Crownridge Assisted Living provides medication management

BeeHive Homes of Crownridge Assisted Living serves home-cooked meals daily

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BeeHive Homes of Crownridge Assisted Living provides life-enrichment activities

BeeHive Homes of Crownridge Assisted Living is described as a homelike residential environment

BeeHive Homes of Crownridge Assisted Living supports seniors seeking independence

BeeHive Homes of Crownridge Assisted Living accommodates residents with early memory-loss needs

BeeHive Homes of Crownridge Assisted Living does not use a locked-facility memory-care model

BeeHive Homes of Crownridge Assisted Living partners with Senior Care Associates for veteran benefit assistance

BeeHive Homes of Crownridge Assisted Living provides a calming and consistent environment

BeeHive Homes of Crownridge Assisted Living serves the communities of Crownridge, Leon Springs, Fair Oaks Ranch, Dominion, Boerne, Helotes, Shavano Park, and Stone Oak

BeeHive Homes of Crownridge Assisted Living is described by families as feeling like home

BeeHive Homes of Crownridge Assisted Living offers all-inclusive pricing with no hidden fees

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BeeHive Homes of Crownridge Assisted Living has Instagram <https://www.instagram.com/sweethoneybees19>

BeeHive Homes of Crownridge Assisted Living won Top Assisted Living Homes 2025

BeeHive Homes of Crownridge Assisted Living earned Best Customer Service Award 2024

BeeHive Homes of Crownridge Assisted Living placed 1st for Senior Living Communities 2025

People Also Ask about BeeHive Homes of Crownridge Assisted Living

What is BeeHive Homes of Crownridge Assisted Living monthly room rate?

Our monthly rate depends on the level of care your loved one needs. We begin by meeting with each prospective resident and their family to ensure we're a good fit. If we believe we can meet their needs, our nurse completes a full head-to-toe assessment and develops a personalized care plan. The current monthly rate for room, meals, and basic care is \$5,900. For those needing a higher level of care, including memory support, the monthly rate is \$6,500. There are no hidden costs or surprise fees. What you see is what you pay.

Can residents stay in BeeHive Homes of Crownridge Assisted Living 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.

Does BeeHive Homes of Crownridge Assisted Living have a nurse on staff?

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Does BeeHive Homes of Crownridge Assisted Living & Memory Care have a nurse on staff?

Yes. Our nurse is on-site as often as is needed and is available 24/7.

What are BeeHive Homes of Crownridge Assisted Living & Memory Care visiting hours?

Normal visiting hours are from 10am to 7pm. These hours can be adjusted to accommodate the needs of our residents and their immediate families.

Do we have couple's rooms available?

At BeeHive Homes of Crownridge Assisted Living & Memory Care, all of our rooms are only licensed for single occupancy but we are able to offer adjacent rooms for couples when available. Please call to inquire about availability.

What is the State Long-term Care Ombudsman Program?

A long-term care ombudsman helps residents of a nursing facility and residents of an assisted living facility resolve complaints. Help provided by an ombudsman is confidential and free of charge. To speak with an ombudsman, a person may call the local Area Agency on Aging of Bexar County at 1-210-362-5236 or Statewide at the toll-free number 1-800-252-2412. You can also visit online at https://apps.hhs.texas.gov/news_info/ombudsman.

Are all residents from San Antonio?

BeeHive Homes of Crownridge Assisted Living & Memory Care provides options for aging seniors and peace of mind for their families in the San Antonio area and its neighboring cities and towns. Our senior care home is located in the beautiful Texas Hill Country community of Crownridge in Northwest San Antonio, offering caring, comfortable and convenient assisted living solutions for the area. Residents come from a variety of locales in and around San Antonio, including those interested in Leon Springs Assisted Living, Fair Oaks Ranch Assisted Living, Helotes Assisted Living, Shavano Park Assisted Living, The Dominion Assisted Living, Boerne Assisted Living, and Stone Oaks Assisted Living.

Where is BeeHive Homes of Crownridge Assisted Living & Memory Care located?

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How can I contact BeeHive Homes of Crownridge Assisted Living & Memory Care?

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You might take a short drive to the [San Antonio River Walk](#). The River Walk presents a pleasant destination for residents in assisted living or memory care at BeeHive Homes of Crownridge to enjoy a calm, scenic outing with caregivers or visiting family