

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.

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6919 Camp Bullis Rd, San Antonio, TX 78256

Business Hours

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

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Families generally come to the concept of memory care throughout a season of strain. A loved one with dementia is wandering at night, missing medications, or becoming hazardous in the kitchen area. Everybody is exhausted, worried, and uncertain whether assisted living, memory care, respite care, or bringing in more home help is the best move.

What lots of households do not understand at first is that memory care is not one consistent model. There are large, resort-style senior care campuses with dozens of homeowners on each floor. There are locked dementia care units inside assisted living communities. Then there are small residential memory care homes, sometimes licensed as residential care facilities, board-and-care homes, or care homes, with 6 to 16 residents cohabiting in a house-like setting.

Those smaller communities can look stealthily basic from the outside: a single-story home on a quiet street, a small indication, possibly a garden. Inside, however, the model of care can feel extremely different, and the advantages frequently just become clear when you have seen both large and small settings side by side.

This short article draws on years of working with households, visiting numerous communities, and watching citizens gradually. The goal is not to declare that little is constantly better. It is to highlight the advantages that tend to be concealed up until you know what to try to find, and to assist you weigh them versus the realities and trade-offs of each option.

What "little residential memory care" actually means

Terminology in senior care can be complicated. On paper, a small residential memory care community may be accredited under the very same umbrella as assisted living, however its structure and daily rhythm are distinct.

Instead of a big building with long corridors, elevators, and dining rooms that seat 60 individuals, a small residential home normally has:

A single front door, frequently with a keypad for safety, that feels like entering a personal home.

A living-room, dining area, and kitchen that look and function like a household, not an institution. Personal or semi-private bedrooms, in some cases with locals motivated to bring their own furniture. A small backyard or patio area that staff can monitor easily.

Staffing patterns show the smaller sized scale. Rather than a turning cast of dozens of caregivers, there may be a stable group of caretakers, a house supervisor, and going to nurses or therapists. The caretakers cook, help with bathing and dressing, hint medications, and lead basic activities. The lines between "care" and "every day life" blur, which can be a massive benefit for people with dementia.

Small memory care homes can be stand-alone operations or part of a larger senior care company. Some specialize solely in dementia care. Others serve elders with mixed needs, such as Parkinson's disease, stroke recovery, and general frailty, while still providing structured dementia care.

Understanding this setting assists discuss why specific advantages emerge more quickly here than in bigger, more official assisted living buildings.

Emotional security and the scale of the environment

One of the most undervalued stressors for a person living with dementia is sheer ecological complexity. High ceilings, long hallways, a continuous flow of individuals, tvs blasting, statements over a speaker system, and large group activities can overwhelm somebody who already struggles to process sensory input.

In little residential memory care, the environment is typically quieter and slower. Homeowners move in between a handful of familiar spaces. The kitchen area smells like soup or coffee, not like an industrial food service operation. Staff voices are easier to acknowledge. Even the sightlines are simpler: from a lot of seats you can see the front door, the cooking area, and the backyard.

For somebody with moderate dementia, that smaller stage frequently lowers stress and anxiety. I have actually seen citizens who were pacing and "trying to go home" in a big memory care unit become calmer within a week of moving into a small residential home. They still have dementia. They still have moments of confusion. The distinction is that the environment no longer bombards them with signals they can not sort.

Families often stress that a smaller setting will feel claustrophobic. In practice, the reverse is usually true. Individuals with cognitive problems tend to feel more in control when they can see and comprehend their surroundings. Less doors, less decisions, and less strangers can indicate more emotional safety.

Consistency of relationships

Large assisted living and memory care communities can do lots of things well, specifically when it concerns features, treatment offerings, or on-site medical services. Nevertheless, they fight with one fundamental fact: the more staff you require to cover a 100-bed building, the more turnover and rotation you will have.

In little residential memory care, staffing ratios and consistency are 2 of the most powerful concealed advantages.

Families discover it initially in simple details. A caretaker in a 10-bed home knows that Mr. S likes his eggs over medium and will not touch oatmeal, that he needs a suggestion to call his child after lunch on Wednesdays, which he becomes restless if the blinds are closed too early at night. These are not items in a care plan binder, they are part of the day-to-day material of life.

Over time, this consistency ends up being therapeutic. Dementia care depends greatly on nonverbal interaction. People check out intonation, facial expression, and touch. When team member are familiar, homeowners unwind more quickly during personal care, accept help more readily after a fall, and react much better to redirection when they are upset.

Families benefit too. In a small home, it is common to [respite care](#) see the exact same three or 4 caregivers over months or years. You learn their names, they learn your household dynamics, and trust builds. When you contact us to ask how the night went, the individual answering usually understands since they existed. That continuity is more difficult to attain in a big center where day, evening, night, and weekend shifts might all have various teams.

This is not to say small homes never have turnover or staffing difficulties, specifically in a tight labor market. But when the resident-to-caregiver ratio remains lower and the team is intentionally kept little, the relationships that form can be much deeper and more stable.

Subtle personalization that really matters

Marketing products for both large and small service providers often highlight "customized care plans." The expression is so common that families tune it out. What identifies a great little residential memory care community is not that a care strategy exists, however how deeply it influences daily life.

Consider meals. In a large memory care system, the kitchen prepares a menu for dozens of residents. Unique diets are accommodated, but useful limitations exist. In a small home, personnel typically prepare in the family cooking area. They might discover that three residents who grew up on farms eat better when breakfast appears like what they keep in mind from youth: bacon, eggs, toast, coffee. Or that a resident with innovative dementia will only drink fluids if they are served in the exact same red mug he recognizes.

Those adjustments are small, yet they make the difference between a resident losing weight and preserving it, in between chronic dehydration and stable health.

The exact same kind of nuance appears in day-to-day regimens. Some individuals with dementia wake early and settle finest if they shower before breakfast. Others are groggy in the morning and fight bathing until mid-afternoon. In a house with 8 or 12 citizens, caregivers can usually flex schedules without tossing an entire structure off rhythm. It is merely much easier to say, "We will do Mrs. L's shower after her preferred television program, not in the past."

Personalization also appears in what is not forced. Homeowners who dislike large-group bingo or sing-alongs typically withdraw in bigger neighborhoods, where activity calendars skew towards events developed for 20 people. In a small home, engagement can be quieter and more customized. Folding towels beside the caregiver who is doing laundry, chopping soft vegetables with a safe knife, watering the garden, or "assisting" set the table can all be framed as meaningful involvement, not childish busywork.

When done well, this subtle customizing honors the adult identity of the individual. That self-respect is simple to pledge; it is much harder to provide without the flexibility that a small setting provides.

Reduced hospitalizations and crises

Families hardly ever ask about hospitalization rates on trips, but they should. Repeated health center stays can accelerate cognitive decline, disrupt sleep and movement, and sap whatever reserves a frail senior still has.

Small residential memory care communities can not always offer on-site nursing 24/7, especially in states where policies differentiate them from experienced nursing facilities. Yet a number of them still handle to avoid preventable emergency clinic journeys through attention and timing.

Caregivers who see the exact same 8 to 12 homeowners every day establish a fine-grained sense of standard. They observe when Mr. T is strolling a bit slower, when Mrs. G's hunger drops for the 2nd day in a row, or when a typically talkative resident ends up being abnormally peaceful. In dementia care, those subtle shifts typically signify early infection, dehydration, discomfort, or medication side effects.

Because lines of interaction are much shorter, a caregiver can inform your home manager at breakfast, who calls the nurse specialist, who squeezes in a same-day visit. A urinary tract infection gets dealt with in your home, with oral prescription antibiotics and increased fluids, rather of progressing to delirium, a fall, and a 2 a.m. ER visit.

This is not an assurance. Serious occasions still occur. There are times when a hospital visit is absolutely proper. However the combination of closer observation, quicker response, and realistic threat tolerance often causes less disruptive emergencies compared with more institutional settings where little modifications can be more difficult to spot.

The role of respite care in a little setting

Not every household is ready to commit to long-term positioning. Some are caring for a parent at home, juggling work and caregiving, and merely need a break. Others are not sure how their loved one will endure a relocation, or they want to "evaluate" a community before signing a long-term agreement.

Respite care remain in small residential memory care homes can serve numerous purposes at once.

Caregivers at home get a possibility to rest, take a partner on a long-postponed trip, or recover from their own medical procedures without the constant watchfulness that dementia care demands. Understanding that your loved one is in a little home, not a huge building, can alleviate the guilt many caregivers carry when they step away.

For the individual with dementia, a short stay provides a chance to adjust gradually. Two weeks in a small home with the same faces, the same cooking area, and a foreseeable routine feels less like being "sent out away" and more like dealing with extended family. If an irreversible relocation later on ends up being necessary, the environment is currently familiar.

From a useful perspective, respite remains allow households to assess the quality of a home beyond the refined tour. Does staff treat citizens with patience at 7 a.m. On a Monday, not just during the set up visit? Does your home odor like real food cooking, or air freshener covering up odors? Are locals engaged, or do they invest the majority of the day in front of a television?

Many of the most satisfied households I have dealt with began their relationship with a little memory care home through a respite care stay that revealed those concealed strengths.

Safety without a jail feel

Wandering and exit looking for are amongst the top factors households think about dedicated memory care. Big structures often react with layers of security: badge-locked systems, coded doors, and alarms whenever someone tries to leave not being watched. The security is genuine, however the experience can feel clinical.

Small residential memory care homes usually have fewer entry and exit points to handle. One secure front door, in some cases one side gate to a totally fenced yard, and a number of internal doors that can be alarmed. Instead

of requiring to keep an eye on three floorings and numerous elevators, staff can keep visual and acoustic awareness of a compact space.

This allows for a safety posture that feels more like living in a supervised home than in a locked ward. Homeowners who tend to wander can walk laps between the living-room and cooking area, or around the backyard, while personnel keep casual watch. Doors can remain closed but not looming, and security hardware can be low profile.

There are always compromises. In a really small home, if 2 residents require one-to-one attention at the exact same time, the team may have to focus on or hire backup, which is not constantly right away readily available. That is why it is important to ask how the home manages citizens with really high wandering or behavioral needs, and what occurs if your loved one's risk profile changes.

Still, for numerous households, the combination of security and homelike ambiance is among the greatest arguments for a little residential model.

How little homes handle medical complexity

A typical worry is that little residential memory care can not handle intricate medical requirements. The truth differs by state regulations and by private provider, but some patterns deserve understanding.

Most little homes are created for "assisted living level" care, not the complete medical intensity of a knowledgeable nursing facility. They handle chronic conditions such as diabetes, cardiac arrest, and COPD, administer routine medications, coordinate home health services, and provide hands-on help with all activities of day-to-day living.

The hidden benefit is frequently in the coordination, not the raw medical horsepower. When a resident requirements physical treatment after a fall, the therapist concerns the home and works one on one in familiar environments. When a hospice or palliative care service provider becomes involved, their nurses see the resident in the exact same bed room they sleep in every night, with caretakers nearby who can reinforce the care plan.

Of course, there are limits. Citizens on ventilators, those needing frequent IV medications, or those with really unstable medical conditions normally belong in higher-acuity settings. An excellent little memory care supplier will be candid about these limits rather than trying to stretch beyond them.

Families should likewise recognize that a smaller home does not always imply weaker medical oversight. A few of the best operators employ a dedicated nurse who visits each home routinely, monitors weight trends, skin stability, and medication routines, and trains caretakers in dementia-specific strategies. The scale of the home can really make this kind of proactive nursing more effective.

Social fabric and daily life

Many big neighborhoods highlight their activity calendars: live music, trips, fitness classes, spiritual services. These can be valuable, particularly for homeowners who still delight in larger social settings. But the quieter everyday social life in a small residential home frequently matches people with moderate to advanced dementia better.



Instead of occasions, consider rhythms. A typical day in a little memory care home might include:

- Morning coffee around the kitchen table while caretakers prep breakfast.
- Soft music or a favorite TV show, with one resident assisting fold laundry and another pacing a bit, examined gently.
- A simple group activity like chair workouts, a short devotional, or browsing old magazines together.
- Lunch served family design at a single table, with caregivers taking a seat to assist rather than standing behind food carts.
- Afternoon naps, individual walks in the garden, phone calls with household.
- Evening regimens, one resident at a time, with unhurried assistance to prepare yourself for bed.

Because the exact same individuals share these regimens day after day, small bonds form. A resident with limited language may constantly sit next to the exact same neighbor at meals. Another may light up when a specific caregiver begins shift. These are not orchestrated "programs," but they are no less powerful for it.

Families often worry that their loved one will be "bored" in a small house without a jam-packed activity schedule. In practice, numerous residents feel less pressure to carry out and more liberty to move at their own pace. For people whose brains are currently working overtime to analyze reality, that gentler social material can be a relief.

Who tends to thrive in a little residential memory care home

No single setting works for every person with dementia. In my experience, the small residential model is especially well matched to a couple of typical profiles.

- People who become overwhelmed by noise and crowds, or who have a history of anxiety, frequently calm down in a smaller, more foreseeable space.
- Individuals who grew up in close-knit families or villages and are comforted by domestic routines like cooking, gardening, and familiar family tasks tend to engage more.
- Seniors who have had unfavorable experiences in institutional environments, such as long hospital stays, may accept care quicker when it feels like signing up with a household instead of entering a center.
- People with moderate dementia who still stroll separately, but who are at risk of wandering or falls in your home, succeed where staff can unobtrusively monitor them in a compact setting.
- Caregivers who remain deeply involved and visit often might find a little home provides more meaningful methods to get involved, from sharing meals to embellishing a bedroom.

On the other hand, someone who is extremely extroverted, who still delights in large-group video games, performances, or campus-style environments, might choose a larger memory care community with robust

programs. Likewise, an individual with exceptionally intricate medical needs may require the higher level of on-site nursing found in an experienced nursing facility.

Matching personality, disease phase, household participation, and medical complexity to the ideal environment is more vital than any single feature.

Questions to ask when exploring a little memory care home

When you visit a small residential neighborhood, the conversation matters as much as the decoration. A couple of targeted questions can reveal how the home really operates.

- How lots of caretakers are on responsibility during the day, evening, and night, and what is the maximum number of residents when completely occupied?
- Can you stroll me through a common day for somebody at my loved one's stage of dementia, including how you handle personal care and activities?
- How do you manage citizens who roam, end up being agitated, or refuse care, and at what point would you say this setting is no longer suitable?
- Who coordinates medical care, how often does a nurse visit, and how do you handle immediate modifications in condition?
- What is your method to involving families, both in visits and in care planning?

Pay attention not only to the responses, however to how personnel respond. Do they speak concretely, sharing examples, or do they depend on vague peace of minds? Do caregivers on the floor seem engaged with residents, or are they clustered around a staffing station? Does the environment feel like a place you could envision investing a complete afternoon, not just a 30-minute tour?



Balancing cost, place, and quality

Cost undoubtedly enters the conversation. Little residential memory care can be similar in rate to larger assisted living and memory care communities, more budget-friendly in some markets, and more costly in others, specifically where single-family homes are valuable.

Because these homes are smaller sized, they likewise exist in fewer numbers. Your ideal setting may be an hour's drive away, while a bigger center sits 10 minutes from your house. Long-term, that range affects how typically you realistically visit, how quickly you can react in an emergency, and how connected you feel to the care team.

When weighing these factors, think about not only monthly costs but likewise concealed expenses. A a little lower rate at a large community that often sends out residents to the health center, charges extra for numerous services, or experiences high turnover might not be a deal with time. Conversely, a greater sticker price at a small home that prevents hospitalizations, includes most services in the base rate, and maintains personnel for years may show more sustainable mentally and financially.

Ask for an in-depth breakdown of what is included, what sets off higher levels of care and associated fees, and how often rates have actually increased in the past 5 years. Transparency here is a helpful proxy for how the company runs in other domains.



Bringing all of it together for your family

Choosing a memory care setting is rarely about finding perfection. It is about finding the very best fit offered your loved one's needs, your family's capacity, and the options in your area.

Small residential memory care communities are worthy of a serious look due to the fact that so many of their strengths are not instantly apparent in a sales brochure. Psychological security produced by scale, deep relationships in between residents and caregivers, true day-to-day customization, reduced crises, a homelike approach to security, and a calmer social material are all simpler to attain when the entire "community" fits under one roof.

At the same time, little is not automatically better. Some homes are improperly run or under-resourced. Some can not handle very complex habits or medical conditions. Some are simply not located where your family can reasonably stay involved.

The most trusted way to discover those concealed benefits is to see them in action. Tour more than one type of setting: a large memory care system inside a senior living school, a standalone assisted coping with a dementia care wing, and at least one small residential home. Spend calm time there. Listen to your own body's response as much as your mind's analysis.

If you discover yourself breathing out when you step into a cottage, watching staff relocation calmly amongst a handful of residents who appear known and at ease, take note. That sense of relief is often the very first sign that

you have actually found one of those concealed benefits that can make the next chapter of your loved one's life much safer, gentler, and more human.

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

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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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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