

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 hardly ever start checking out dementia care on a quiet, unwinded afternoon. Typically it follows a crisis, or a slow build of concern that lastly tips over: medication errors, wandering, nighttime falls, mad outbursts that do not seem like the person you like.

By the time you sit down to weigh assisted living alternatives, read sales brochures about memory care, or cost out respite care, you are often tired and unsure whom to trust. What most households sense, even if they do not have the words yet, is that dementia care needs to be a lot more than guidance and medication. It needs to be individual, deeply so.

Small senior homes, sometimes called residential care homes or board-and-care homes, are uniquely placed to provide that kind of tailored care. They are not the best response for every situation, however when they fit, they can completely change the trajectory for an individual living with dementia and for their family.

This is not theory. It is the pattern I have seen repeatedly throughout years of working with families, clinicians, and operators of both large and small senior care settings.

Why personalization is the core of dementia care

Dementia is not one disease, and it is absolutely not one experience. A person with early Lewy body dementia who still reads the newspaper and walks a mile daily has various needs from somebody in late-stage Alzheimer's who is bedbound and largely nonverbal. Even within the same diagnosis and phase, personality, history, values, and culture shape how signs appear and how care ought to respond.

Standardized care plans tend to concentrate on tasks: bathing, dressing, medication administration, meals, fall preventative measures. Those are important, and any accountable assisted living or memory care program needs to cover them. But families quickly see when the intend on paper does not match the individual they love.

The difference in between a task-oriented strategy and a genuinely tailored dementia care strategy often comes down to 3 concerns:

1. Does this plan reflect what matters most to this specific person, not just what is hassle-free for the staff?
2. Does the environment in fact support the plan, or does it battle against it every day?
3. Do the very same people perform the strategy consistently enough to see little modifications early?

Small senior houses are structured in a way that makes yes most likely for each of these questions.

What defines a small senior residence

There are different regulatory labels depending upon the state or country, but when experts speak about small senior houses, they usually imply homes with somewhere in between 4 and 16 residents. Numerous are actually homes that have actually been adapted to fulfill security and availability requirements.

Compare that to a traditional assisted living or memory care community, where resident counts frequently vary from 60 to more than 150, in some cases spread across several floorings or structures. Those bigger communities can use amenities that smaller sized homes can not, like large therapy gyms, activity calendars that fill a printed pamphlet, or on website salons.

Small homes trade scale for intimacy. Common functions include:

- A single cooking area where staff cook for everyone, not a commercial dining room.
- Shared home that look more like a family home than a hotel lobby.
- Direct access to a backyard or outdoor patio without elevators or long corridors.
- Staff who rotate among just a handful of residents, not dozens.

That architecture and staffing pattern is not a cosmetic detail. It is the foundation that makes extremely individualized dementia care useful rather than aspirational.

How small scale modifications dementia care in practice

In a big memory care system, each caregiver might be accountable for 8 to 12 residents on a typical shift, in some cases more. During peak times like morning care, this can climb up greater. Personnel need to move quickly, and regimens often become standardized to survive the workload.

In a small senior residence, ratios are commonly closer to 1 staff for 3 to 5 residents during the day, often even better in specialized dementia homes. The absolute numbers differ, however 2 things almost always follow:

First, caretakers understand each resident at a granular level. Not just diagnoses and allergies, however the way Mr. Alvarez glances at the door when he is overwhelmed, or how Ms. Chen's appetite dips three days before she establishes a urinary infection. Recognizing those subtle patterns is often what avoids emergency room visits or significant behavioral crises.

Second, there suffices flexibility to actually enact a tailored strategy, not simply compose one. If somebody with dementia wakes for the day at 5:30 a.m. And feels [senior care](#) most calm in the morning, a little home can typically change personnel routines so that she can shower and eat when she is at her best, instead of insisting she wait till standardized breakfast at 8 a.m.



I viewed this play out clearly with a retired fireman who moved into a six bed residence after stopping working in a much larger assisted living neighborhood. In the bigger setting, he paced corridors during the night, tried to open exit doors, and consistently triggered alarms, which not surprisingly distressed other homeowners. Personnel identified him "exit looking for" and "sundowning," and his family was informed he might require a locked psychiatric unit.

In the small home, the manager took a seat with his daughter and asked in-depth questions about his work history and routines. Within 2 weeks they had actually shifted his whole schedule. He took an early evening walk the fenced backyard with a caretaker, browsed old firehouse images after dinner, and was permitted to help check the smoke alarm month-to-month with supervised support. His wandering reduced sharply with no new medication. The underlying requirement, not simply the habits, was lastly being addressed.

Tailored care plans: more than a file in the chart

A real dementia care plan in a little house is both scientific and individual. It is not simply a list of "assist with shower" and "remind to use walker." It weaves together security, medical realities, emotional requirements, and meaningful activity.

Several components tend to be stronger in little homes that concentrate on personalized memory care.

Deep life history and preferences

In a big neighborhood, "learning more about you" frequently takes place through one consumption conference and a couple of standardized forms. Staff turnover can imply that whoever works with your parent next month never hears the stories you shared.

In a small house, the intake procedure can stretch over numerous discussions, frequently with the supervisor or owner present. I have seen managers ask households to bring in old photo albums, cookbooks, or a preferred fishing rod well before relocation in, not as design, but to develop a profile of what grounds the individual. That life history then notifies:

- Preferred everyday schedule, from waking times to peaceful hours.
- Language or dialect use, particularly in multilingual households.
- Religious or spiritual practices that supply comfort.
- Food preferences, including textures or fragrances that activate memories.

When the night caregiver knows that the male with dementia praying quietly at 2 a.m. Once led services at his church, she will react in a different way than if she sees only an agitated resident who requires to be rerouted

back to bed.

Behavior viewed as communication, not misbehavior

Challenging behaviors in dementia, like hostility, rejection of care, or screaming, usually have a cause, even if the individual can not describe it in words. Pain, fear, overstimulation, infection, constipation, and sorrow are all regular culprits.

In crowded settings, personnel under time pressure may default to short-term repairs: antipsychotics for agitation, sedatives for insomnia, or rigid constraint of movement. There are times when those tools are proper, but they often move too rapidly to the front of the line.

Small senior residences, when well run, can take a more detective like approach. I have viewed groups evaluate a week's worth of notes to see if a resident's spoken outbursts always followed loud vacuuming or accompanied a new medication. Once identified, the trigger might be removed or mitigated, often lowering distress without heavy sedation.

The tight staff team is essential here. When the very same 3 caretakers handle early morning care day after day, they can compare impressions and capture patterns that a rotating cast of dozens might miss.

Flexible routines, consistent anchors

Dementia care needs both flexibility and predictability. The flexibility to adapt to changes in ability and mood. The predictability to provide a constant rhythm that decreases anxiety.

Small homes support this mix through short interaction lines and an easy environment. If a resident's movement declines and he can no longer safely utilize the bathtub, the care plan can be altered rapidly, and the real bathing environment customized within days. There is no requirement to await approvals from a number of layers of corporate leadership.

Anchors like shared mealtimes, day-to-day strolls in the garden, or a standing 3 p.m. Music time can remain constant even as the details shift. Over time those anchors become part of the resident's internal map of safety.

Comparing small homes to bigger assisted living and memory care communities

Families often ask whether they need to look initially at a traditional assisted living or memory care community, or whether a small house is better suited. There is no single right answer. The better concern is: given the particular requirements, personality, and spending plan included, which environment supports a tailored plan more effectively?

Below is a concentrated comparison of common differences.

1. Staffing and relationships

Little residences usually offer closer staff-resident ratios and more continuity. Caretakers in a 10 bed home might understand every resident's relative by name. Larger neighborhoods sometimes have problem with turnover and rotating tasks, which can affect how well personnel understand individual histories.



2. Environment and stimulation

A little house-like setting tends to be calmer and much easier to browse for individuals with dementia, which minimizes confusion and fall danger. Larger buildings can provide more structured group activities and specialized areas, but they can likewise overwhelm locals who are delicate to noise or crowds.

3. Clinical resources and amenities

Larger assisted living or memory care residential or commercial properties may have more on website services like treatment spaces, visiting experts, or formal activity departments. Little homes normally count on visiting suppliers and smaller scale activities, which can be really personal, however may feel restricted if a resident thrives on variety.



4. Cost structure and transparency

Rates varies extensively, however small homes often use a fairly simple all inclusive everyday or regular monthly rate with include ons just for very particular needs. Large communities often use tiered pricing that can intensify over time as requirements increase. Neither model is inherently better; what matters is how foreseeable and clear the expenses are for your family.

When dementia care needs are moderate to innovative, the relationship-driven environment of a small residence can exceed the missing out on extras. For more independent elders who still take pleasure in big celebrations and a broad range of features, a bigger assisted living neighborhood may be a better match initially, with the alternative to shift later.

The unique role of respite care in small homes

Respite care is short term residential care that gives household caregivers a break while providing safe, structured assistance for the individual with dementia. In practice, little senior residences frequently act as an ideal setting for respite, especially in early and middle stages.

Several benefits stand out.

First, the home like atmosphere tends to be less intimidating for someone who has always resided in single family houses or studio apartments. Walking into a 120 unit structure with a formal reception desk can activate anxiety for an individual with cognitive impairment, while stepping into a living-room with a couch and a familiar smelling cooking area can feel more natural.

Second, staff can more quickly incorporate a short term guest into every day life. In a 10 resident home, including one respite guest means everyone is familiar with that individual within a day or more. Caretakers learn quickly whether he prefers early morning coffee on the porch or a quiet room to read, and can fold those choices into the temporary care plan.

Third, respite stays can function as a mild trial run for longer term memory care or assisted living decisions. Families can see whether their loved one settles well in a common environment, whether they react to social meals, and how they finish with personnel supported routines. If a relocation eventually becomes required, familiarity with a little home can lower the trauma of relocation.

I typically suggest families utilize respite tactically, not just during crises. A planned one or two week stay every couple of months can provide primary caregivers sustainable rest while likewise developing a relationship with a home that may one day end up being a more permanent solution.

Clinical and psychological outcomes in smaller sized settings

Research on small scale dementia care environments, including "Green House" style homes and other family designs, has actually found a constant pattern: locals tend to experience fewer hospitalizations, more steady weight, and greater family fulfillment compared to traditional institutional layouts. Not every little residence fits those models or matches those results, but the underlying principles still matter.

On the medical side, earlier detection of modification is the key. When a caregiver assists the same person to dress every early morning, she is positioned to discover that swelling in the ankles began 3 days ago, or that breathing sounds subtly tighter. That can prompt a timely call to a going to nurse professional before the problem becomes a full blown emergency.

Medication management also benefits. With less homeowners to track, personnel can pay closer attention to negative effects like increased falls after a brand-new sedative is introduced, or emerging tremblings after an antipsychotic dosage modifications. In an overburdened setting, those modifications might be attributed to "dementia progression" rather of being flagged as potentially reversible.

Emotionally, homeowners in small homes often maintain more powerful sense of belonging. They recognize personnel and other locals as "their individuals" rather than as an ever changing crowd. Even people in sophisticated dementia who can no longer name caretakers correctly will reveal noticeable relaxation when welcomed by the very same familiar faces each day.

Family complete satisfaction is hardly ever about chandeliers or activity calendars. It is mostly about trust and gain access to. In small homes, families can usually reach a decision maker rapidly by phone or text. Numerous homes motivate casual visits at diverse hours, not just in a narrow visiting window. That openness promotes

collective issue fixing when tough choices arise, such as whether to pursue hospitalization for pneumonia or treat in place.

When a small house might not be the very best fit

No model is ideal. Little senior homes have constraints, and it would be irresponsible to neglect them.

Some homes lack 24/7 nursing coverage, relying instead on caregivers and on call nurses or doctors. For a person with very intricate medical requirements, such as frequent IV medications, unsteady heart rhythms, or advanced breathing disease requiring continuous tracking, a setting with on site licensed nursing all the time may be safer.

Regulatory oversight can likewise vary. In some regions, requirements for little homes are robust and well imposed. In others, rules might be looser than those for big assisted living or memory care service providers. Households need to ask pointed questions and verify licensing, examination history, and staff training, instead of assuming intimacy constantly equates to quality.

Financially, small homes can be either basically costly than larger communities, depending upon regional markets and the intensity of care required. While some offer outstanding worth, others might charge premium rates showing the high staffing ratios. Sustainable financing is a practical restriction for many families, especially when dementia care may stretch over many years.

Finally, specific characters genuinely take pleasure in the buzz and variety of a bigger environment. A retired instructor who thrives on leading groups and meeting new people might feel constrained in a small home if the majority of other homeowners are quieter or more impaired. Matching personality is as essential as matching medical needs.

How to evaluate a small senior house for dementia care

Families touring small homes typically feel simultaneously hopeful and careful. The home feels more human than a big center, but you may wonder how to inform whether the memory care offered is truly as personalized as it sounds in the brochure.

A succinct list can help focus your visit and conversations.

1. Observe genuine interactions, not simply staged tours

Enjoy how staff talk with citizens when they are not "on display screen." Do they utilize names, make eye contact, and react to nonverbal hints? Ask if you can visit during a regular moment like breakfast or night preparation rather than just at mid afternoon "activity time."

2. Ask about personnel stability and training

Request specific numbers: typical length of work for caretakers, turnover in the previous year, and the sort of dementia particular training offered. A home where most staff have actually been there numerous years, and where training includes real case conversations, is much better positioned to provide consistent dementia care.

3. Review how care plans are created and updated

Ask who leads the evaluation, how typically care plans are revised, and how families are included. Try to find evidence of regular reviews activated by changes in ability, not just by yearly schedules. Ask for an anonymized example care strategy to see how detailed and individual centered it really is.

4. Clarify medical support and emergency protocols

Learn which clinicians visit the home, how frequently, and what occurs during a severe change. Can the home handle mild pneumonia or a urinary infection onsite, or is hospitalization constantly required? Clear, reasonable answers signal experience and honesty.

5. Understand pricing and "what if" scenarios

Have the supervisor stroll you through the contract utilizing concrete examples. If your mother begins to need two individual transfers, or establishes nighttime roaming, how will those modifications affect cost and staffing? Surprises are far less likely when these scenarios are gone over before move in.

Taking notes throughout and after each visit helps. You may not keep in mind whether it was the 2nd or third home where a caregiver knelt down to speak eye to eye with a resident who was distressed, or where a team member cut food attentively for a guy with trembling. Those small minutes tell you more about the culture of care than any sleek marketing sheet.

Integrating household into the care partnership

Tailored dementia care does not push households to the sidelines; it brings them into the center as partners. Small homes typically have an advantage here due to the fact that interaction lines are much shorter and hierarchies flatter.

Family members can share insights about triggers, soothing rituals, or deeply held values that just decades of relationship expose. For example, comprehending that your father constantly reacted severely to being hurried, even long before dementia, assists personnel take a slower, more stepwise approach to bathing or dressing.

On the opposite, personnel in a small home can update households rapidly on subtle changes that may not appear in month-to-month care conferences. A brief text stating, "Your mom actually illuminated when we played 1960s Motown today," might trigger you to generate preferred records or pictures from that age. Those exchanges slowly improve the care plan.

Honest conversations about decrease and end of life are easier in this kind of partnership. When you trust individuals who invest every day with your loved one, you are much better able to weigh options like hospice enrollment, comfort focused medication changes, or a decision to deal with infections in your home rather than with duplicated hospitalizations. The outcome is frequently a more serene, significant last chapter.

Bringing all of it together for your family

Dementia care is as much about context as it is about medical facts. The same person can fail in one environment and grow in another, with no change in medical diagnosis. Small senior homes use a context where tailored care plans are not an afterthought however the natural way of doing things.

They supply:

- A scale that supports deep knowing of each resident.
- A home like environment that minimizes confusion and promotes calm.
- The flexibility to change routines quickly as dementia evolves.
- The intimacy to make family cooperation feel natural, not bureaucratic.

They are not the only path. Some people will do much better in larger assisted living or specialized memory care communities, specifically in early phases or when they crave a broad social media. Others might remain at home

longer with strong in home assistances and regular respite care.

What matters is aligning setting, care strategy, and individual. When you evaluate choices, listen not just to what suppliers assure, however to what you observe over time: intonation, body movement, responsiveness to small requests, determination to adapt.

If you walk into a small senior home and see personnel using the person's preferred nickname, honoring long held routines, and adjusting the plan in genuine time rather than insisting "this is how we do things here," you are most likely standing in a place where customized dementia care is not a slogan but a daily practice. That type of environment can make the hardest parts of this journey feel more bearable, for both the person living with dementia and the household who loves them.

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 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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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