

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 frequently describe dementia as a long series of bye-byes. Capabilities fade, habits shift, and the individual you like can seem to drift in and out of reach. In the middle of that grief, practical questions require responses: where will mom live safely, who will assist dad bathe, can we keep her in your home, how long can we handle this?

For many, the choice used to feel binary. Either struggle to keep a loved one at home with patchwork assistance, or move them into a large assisted living or memory care neighborhood that feels medical or impersonal. Over the last two decades, a third option has actually grown quietly in many states: little assisted living homes that concentrate on dementia care, typically accredited as residential care homes or board and care.

These homes lean on something that dementia regularly respects: familiarity. Familiar faces, predictable regimens, a kitchen area that looks like a genuine cooking area, not an institutional line. The objective is not only security, however a life that still feels like life.

As someone who has invested years walking households through these decisions, touring communities, and troubleshooting care strategies, I have seen small homes work remarkably well for the right individual. I have actually also seen them fail when expectations do not match truth. The details matter.

This post looks carefully at how and why familiar, little environments can support people coping with dementia, and what to weigh as you consider options.

Why scale and setting matter in dementia care

Dementia affects more than memory. It alters how a person processes sound, light, motion, and social hints. Noisy dining rooms, long corridors, frequent staff turnover and continuous activity can press an already stressed out brain into overload. When that takes place, you do not just see confusion. You see falls, refusal to shower, roaming, or unexpected agitation that seems to appear "out of nowhere".

In larger senior care campuses, even well run ones, the environment tends to be:

- Bigger, with longer distances between spaces and common locations
- Busier, with more people moving through typical spaces

Those functions can be positives for some senior citizens, especially those who are still relatively independent and want range, clubs, and occasions. For an individual with moderate to advanced dementia, the exact same features can end up being tiring. By 4 in the afternoon, when "sundowning" usually heightens symptoms, I frequently see homeowners holding on to doorframes or pacing near the nurses' station because the building itself does not feel navigable or safe anymore.

Smaller assisted living homes attempt to turn that script. Instead of massive efficiency, they trade on familiarity and repetition. When your world has diminished, a smaller stage can be much easier to manage.

What small assisted living homes for dementia actually look like

Families often imagine a little home as a single nurse in a 2 bed room house. The truth, at least amongst respectable providers, is more structured.

A normal residential care home that concentrates on dementia care might have 6 to 12 homeowners, private or semi private rooms, shared living and dining area, and a standard kitchen area. Lawfully, it is frequently certified as assisted living or as a comparable category particular to that state. Staff usually consist of licensed caretakers, sometimes a med tech, and an on call nurse. Physicians, physical therapists, and hospice suppliers been available in as needed.



The daily rhythm can feel much closer to a family home than a facility. Breakfast smells drift from the cooking area. Somebody hums while folding towels at the table. The tv may be on a familiar video game show. Citizens roam in and out of the exact same couple of spaces all day.

For somebody with dementia, that simpleness matters. The brain does not require to re discover a maze of corridors or figure out which of 3 dining rooms to use. Rather, it can conserve energy for more significant jobs, like consuming, strolling, or taking part in conversation.

Not every small home is the exact same. Some tilt greatly towards memory care, with safe and secure doors, suppressed lighting, contrast colored toilet seats, and activity programs customized to cognitive decline. Others advertise dementia care but are actually basic assisted living homes ready to accept homeowners with moderate impairment. Sorting the distinction takes mindful concerns and eyes on the details.

Familiarity as a clinical tool, not an emotional idea

Families typically discuss familiarity in emotional terms. They want mom "to feel at home" or dad "to be surrounded by his things." Those desires matter deeply, however familiarity is not simply sentimental. It runs almost like a scientific tool.

Dementia damages the brain's capability to lay down new memories, however older, long term memories might remain reasonably undamaged for years. Familiar things, routines, and layouts use those older memory systems. When a person recognizes their favorite armchair, the sound of a kettle boiling, or the pattern of walking from bedroom to bathroom, they need less mindful processing to function.

That has concrete impacts:

- Fewer "Where am I?" episodes throughout the day
- Less resistance to care, because the restroom or table feels predictably located
- Reduced stress and anxiety in the late afternoon, when novelty is hardest to manage

In little assisted living homes, the entire environment can be tuned to make the most of that kind of acknowledgment. The very same caretaker provides morning care most days. Meals take place at approximately the same time, at the very same table, often with the same next-door neighbors. The front door does not change, the patio furnishings sits tight, the path to the bedroom is brief and stable.

None of this treatments dementia. What it can do is lower the cognitive "tax" on each task, so your loved one has more bandwidth left for consuming, walking safely, or enjoying a conversation.

How small homes differ from bigger assisted living and memory care communities

The labels can puzzle anybody. Assisted living, memory care, dementia care, residential care homes, board and care, adult household homes. Various states utilize various terms, and guidelines differ. So it helps to take a look at how little homes tend to run compared to larger settings, regardless of legal label.

In a larger assisted living or devoted memory care community, you generally see broader corridors, larger common areas, and more structured group programs. Staffing is often divided by function: caregivers for personal care, med techs for medication, activity staff, dining staff, housekeeping. Citizens may reside in one building and walk some range to eat or sign up with activities in another.

In a little residential setting, space and staff mix more closely. The caretaker who assists with a shower may likewise prep lunch, lead music, or sit to chat over coffee. Housekeeping blends into everyday rhythms, with locals in some cases folding laundry or assisting set the table as a kind of engagement. The entire home often operates in a single, compact "loop" that a resident can stroll numerous times a day without getting lost.

The main benefits families typically see in small dementia focused homes include:

1. Quicker recognition of staff and next-door neighbors, which decreases fear.
2. Shorter distances to the restroom and kitchen, which reduces falls and incontinence.
3. Easier personalization of routines, given that staff are managing fewer people.
4. A normally quieter, less stimulating atmosphere.

There are trade offs. Bigger neighborhoods might use more comprehensive activity calendars, on site physical treatment fitness centers, and in home medical centers. Some have dedicated memory care systems with specific

design functions and greater staffing ratios than basic assisted living. For a person in earlier stage dementia who still wants range and social alternatives, a bigger memory care home can work well.

The key is to match the environment to the individual's existing capabilities and temperament, not to a generic concept of "more care" or "more facilities".

Daily life inside a little dementia focused home

When households tour these homes with me, they practically never ask right away about care strategies or staff training. They ask what a normal day resembles. That instinct is appropriate. Routines, not objective statements, shape quality of life.

Morning often begins gradually. Some residents increase early, others oversleep, and caretakers stagger support to fit individual patterns. In lots of homes, breakfast is cooked to purchase within a modest variety: rushed eggs, toast, oatmeal, fruit. The cooking smells alone can nudge hungers, which tend to decrease as dementia progresses.

Personal care tends to be more versatile than in institutions that run on tight schedules. If Mr. K has actually constantly bathed after breakfast instead of before, staff can normally change. If Mrs. L dislikes showers however tolerates sponge baths, the team can develop that into her plan. The little scale implies staff know not just diagnoses and medication lists, but routines, preferences, and sore spots.

Activity in a small home rarely looks like a formal "calendar" with color coded events, however that does not indicate homeowners sit idle. Engagement tends to blend with home life: folding towels, snapping green beans, watering plants, arranging images, sweeping a porch. A number of these tasks are not hectic work. They reconnect individuals with long held functions as parents, hosts, workers, or homemakers.

Afternoons might involve brief strolls in a fenced lawn, seated workouts, or music. I have viewed locals who might barely remember their grandchildren's names sing whole verses of songs from their twenties. Personnel who understand that power keep music close at hand.

Evenings are generally quieter, which fits the needs of individuals who tire easily and might experience sundowning. Lights are lowered, tv programs are picked carefully to avoid violence or confusing plots, and bedtimes follow individual rhythms when possible. Due to the fact that there are less residents to keep track of, caregivers can more quickly react to private requirements as they arise.



From the outdoors, this can look uneventful. From the within, that steady, predictable life is precisely what many individuals with dementia need.

Safety and guidance in a smaller footprint

Families frequently fret that a small assisted living home will be "too casual" to be safe. That stress and anxiety is affordable. The ideal concerns will tell you whether a home has thoughtful systems or is simply winging it.

In well run small homes, doors and gates are protected in ways that respect privacy while preventing risky roaming. Alarms, chimes, and visual cues help staff notice when someone approaches an exit. Floorings are usually level, with minimal limits and mess. Bathrooms have grab bars, raised toilets, and shower chairs as needed.

Staffing ratios vary by state and by time of day, but lots of dementia focused homes aim for one caregiver for every 3 to 5 citizens throughout waking hours, and one overnight caretaker for the whole home. Some homes add a "floater" staff who covers meals and individual care throughout peak times.

Critically, since the physical environment is small, a single caregiver can frequently see or hear the majority of the home without leaving anyone totally without supervision. Contrast that with a big structure, where a fall at the end of a long corridor may go unnoticed for several minutes if call systems stop working or a resident can not reach a pull cord.

Medication management is another essential security issue. In certified assisted living or memory care settings, medications are saved safely and administered on a schedule, typically by specifically skilled staff or under nurse supervision. Residential homes that offer dementia care need to follow similar requirements, with clear logs, check for high danger drugs, and communication with household and prescribers.

The simpleness of a small home does not change regulation. You still wish to see as much as date licenses, inspection reports, and written policies. The difference is that in a small setting, policies tend to be lived out completely view, rather than buried in a manual.

The emotional impact on families

One of the hardest parts of moving a loved one into any senior care setting is the sense of giving up, of failing to keep a guarantee about "never ever putting you in a home." I in some cases want we might retire that expression totally. It catches a fear, not a practical lifelong plan for a disease that can last 10 or more years.

Small assisted living homes can soften some of that emotional weight. Walking into a real house, sitting at a genuine kitchen area table, seeing your mom's quilt on her bed instead of a hospital design spread, all of that changes the story. Families typically state, "I seem like I am visiting her at a pal's home."

For adult children who still work or take care of their own kids, a smaller sized environment can also make communication much easier. You get to know all the personnel rapidly. They acknowledge your number when you call, and you understand who is likely to respond to the door when you knock at 7 pm on a Thursday. Issues can be dealt with on the area instead of routed through layers of management.

There is also relief. When 24 hour supervision, specialized dementia care, and routine jobs like bathing and medication are managed by specialists, household visits can focus more on connection than crisis management.

That does not imply the move is pain-free or that guilt disappears. However a setting that feels familiar and human sized frequently makes the transition gentler for everyone.

Cost, schedule, and monetary trade offs

For households, financial resources typically drive the last option more than care approach. Small homes do not exist in every area, and where they do, rates vary widely.

In many markets, residential assisted living or small memory care homes charge rates equivalent to mid range assisted living neighborhoods, often a little lower, often slightly higher. Month-to-month costs frequently fall someplace in between personal task home care for 8 to twelve hours a day and 24 hour home care, which rapidly ends up being unaffordable for many families.

The primary aspects behind expense include:

- Staffing ratios and whether there is awake over night care
- Level of dementia care offered, specifically for behaviors or complicated medical needs
- Location and real estate expenses
- Whether services like incontinence materials, transport, and cable are bundled or billed separately

Some long term care insurance plan cover care in certified assisted living facilities, consisting of small homes if they satisfy state criteria. Medicaid protection varies considerably. In some states, waiver programs partly fund assisted living or memory look after eligible people. In others, alternatives are restricted or waiting lists are long.

Availability can be a barrier. A city may have dozens of big assisted living structures but just a handful of little, certified residential care homes that genuinely concentrate on dementia care. Those homes typically run near capacity, with wait lists.

For families in rural areas, travel distance matters too. The ideal home 90 minutes away may be less workable than an excellent home 15 minutes away, particularly if you wish to visit regularly or require to respond quickly in a crisis.

Financial planning for dementia care seldom follows a neat direct course. Lots of households blend choices in time: in the house care and respite care early on, then a small assisted living home or memory care neighborhood as requirements magnify, and finally hospice services layered in towards completion of life. Believing in phases rather than "one long-term solution" can reduce some of the pressure.

When a little home is an especially strong fit

Not everybody with dementia is finest served in a small home. Some grow in larger memory care systems with more structured activities, on website centers, and a sense of "hustle" that matches their outbound personalities.

From experience, the people who frequently do remarkably well in a little, familiar assisted living home are those who:

1. Become easily overwhelmed by noise, crowds, or complex environments.
2. Already show considerable disorientation in brand-new locations, even on brief visits.
3. Have a long history of valuing home, regular, and intimate social circles over huge gatherings.
4. Need close guidance for safety however end up being afraid or upset in clinical environments.
5. Have families who wish to stay associated with everyday choices and communication.

On the other hand, somebody in the extremely early stages of dementia who is still driving in your area, managing basic self care, and craving social opportunities may feel restricted in a 6 bed home. For that person, a larger assisted living community with great memory care support might use a much better balance.

Similarly, a person with very complex medical requirements, such as regular intravenous treatments or ventilator assistance, might need an experienced nursing facility regardless of cognitive status. Little residential homes are typically created for assisted living level requires: aid with bathing, dressing, medications, continence, and mobility, but not extensive medical interventions.

Matching person, illness stage, and environment is difficult, and it is okay to review the choice as situations alter. A small home that feels perfect at moderate stage may no longer have the ability to handle late stage signs securely, especially if aggressive habits or innovative medical issues develop.

[senior care](#)

Using respite care to "try out" a small home

For families who are unsure about a move, respite care can be a beneficial bridge. Numerous assisted living and memory care suppliers, consisting of some small homes, provide short-term stays ranging from a couple of days to a couple of weeks. These can cover caretaker vacations, health center discharges, or trial periods.

A respite remain in a little dementia focused home provides you real data. You can see how your loved one responds to the environment, whether they settle reasonably well after a couple of days, and how staff handle hard moments. You also get a taste of life without 24 hr duty, which can clarify your own needs and limits.

Not every home offers respite, especially if they run near complete occupancy. Some reserve a single space for short-term guests, while others will only provide respite when a permanent bed happens to be empty. If respite care is necessary to you, inquire about it early when you begin touring.

Even if a respite stay is not readily available, spending time in the home beyond a quick tour assists. Visit throughout a meal, drop in in the late afternoon when homeowners are most exhausted, and watch interactions. The quieter the marketing, the more the daily truth shows.

What to search for when you tour a little dementia care home

When you step inside, your first impressions matter, but dig deeper than paint colors and flowers on the porch. Simple lists can help keep ideas straight later.

Here is a brief one you can carry in your pocket:

1. Smell: Does the home smell reasonably tidy, without heavy air fresheners attempting to mask odors?
2. Sound: Is the volume of television, discussions, and devices low enough for someone with dementia to tolerate?
3. Staff: Do caregivers understand locals by name, and do they consult with them, not over them?
4. Safety: Are floors clear of mess, bathrooms equipped with basic security equipment, and doors protected appropriately?
5. Engagement: Are homeowners merely parked in front of a tv, or are at least some involved in basic, meaningful activities?

After the tour, ask yourself how you felt being in the living-room for fifteen minutes. Could you imagine your loved one because area, on a common Tuesday afternoon, week after week? Your body's reaction often catches things your brain attempts to justify away.

Bringing familiarity into any senior care setting

Even if a little assisted living home is not available or not the best fit, you can still use the power of familiarity in larger assisted living, memory care, or nursing home settings.

Bring in personal items that trigger long term memory: family pictures from years earlier, a preferred blanket, a familiar design of light, the exact same brand name of toiletries and cream. Re develop bedtime or mealtime rituals as much as possible. If dad constantly shaved after breakfast, talk with personnel to keep that timing.

Share in-depth life history with caregivers. What work did your loved one do? What foods did they take pleasure in or dislike? What relaxes them when they are distressed? The more staff can weave familiar themes into everyday care, the less alien the brand-new environment will feel.

Familiarity is not restricted to physical objects. It resides in voices, rhythms, jokes, and little duplicated gestures. Whether in a six bed home, a hundred bed memory care community, or at home with minimal assistance, those threads can anchor a person whose mind has actually ended up being unstable ground.



Choosing look after somebody with dementia is less about finding the best structure and more about finding a place where the person can still recognize themselves. Small assisted living homes that concentrate on dementia care use intimacy and familiarity as their main tools. For many, that approach transforms senior care from a series of transactions into an every day life that still feels individual and knowable.

The decision is rarely basic. It unfolds over discussions, tours, nights of concern, and truthful recommendations of what you can and can not do alone. Understanding how little, familiar environments work gives you one more solid option to consider, and in some cases, that alternative makes all the difference.

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 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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Looking for fun shopping close to our home base? We are located near [The Rim](#) a great shopping mall area.