

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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The longer I work in senior care, the more convinced I am that scale quietly shapes everything. Not just staffing ratios and budget plans, but how it feels to awaken in the early morning, who notices when you seem a bit off, and whether anyone keeps in mind how you like your tea.

Large assisted living buildings and nursing homes have their place. They offer medical coverage, activities, transportation, and a sense of security that many households truly require. Yet, when I think of the most tranquil and deeply human minutes I have seen in elderly care, they rarely occur in a 100-bed center. They take place in small homes, at kitchen tables, on shaded patios, in familiar armchairs that have actually moved along with their owner.

Intimate care settings are not magic, and they are not ideal. But they frequently open emotional advantages that are difficult to recreate at scale. Understanding those advantages helps households make more thoughtful choices, whether they are thinking about assisted living, respite care, or long-term residential options.

What "small home" care actually means

People use various terms: residential care home, board-and-care, micro-community, small group home. The regulations differ from one state to another and nation to country, but the standard idea is consistent. Instead of a large institutional structure with long hallways and a central dining hall, you have a home or home-like setting where a small number of older adults live together.

Typical functions include:

- A limited variety of homeowners, often between 4 and 12.
- Shared common areas that appear like a regular home rather than a facility.
- Fewer layers of personnel hierarchy, so caretakers, residents, and families know each other personally.

- More flexible day-to-day routines that can get used to individual preferences.

In actual practice, the emotional tone of a small home depends much more on leadership, staff culture, and the physical environment than on any licensing category. I have actually walked into 6-bed homes that felt cold and transactional, and I have actually fulfilled groups in 80-resident assisted living communities who handled to create extraordinary heat in spite of the scale.

Still, when you shrink the environment and streamline the structure, specific emotional benefits end up being simpler to achieve.

The psychological landscape of late life

By the time a family starts seriously exploring senior care, a lot has actually currently occurred. Health modifications, hospitalizations, slow losses of capacity, moves away from a long-time neighborhood, the death of buddies or a partner. On top of that, significant decisions have to be made about safety, financial resources, and long-term planning.

Underneath the logistics, a number of psychological needs keep showing up:

- To feel seen as an entire person, with a history that still matters.
- To maintain some control over life, even when help is needed.
- To experience stability and predictability, especially if memory is fragile.
- To feel connected to a couple of trusted people, not perpetually surrounded by strangers.
- To preserve self-respect in really intimate situations, like bathing or toileting.

Any senior care setting that takes these requirements seriously is already ahead. Small homes just have a simpler time translating those principles into day-to-day practice.

Why small environments soothe the nervous system

Watch somebody with moderate dementia walk into a busy lobby loaded with individuals, televisions, and consistent movement, then watch the very same individual step into a quiet living-room with 2 residents checking out and a caretaker folding laundry. The difference in body language is apparent. Shoulders relax, scanning eyes settle, speech becomes more fluid.



Chronic overstimulation is a hidden stress factor in lots of larger assisted living or memory care communities. Echoing corridors, paging systems, several activities in overlapping areas, personnel modifications throughout shifts, unfamiliar float workers from other systems. Older grownups, specifically those with cognitive changes, frequently do not have the spare psychological bandwidth to filter all this. When that happens, we see it as "roaming," "resistance," or "behaviors," however below, it can be distress.

Small homes reduce this background noise. Fewer citizens, less personnel, less doors and passages. The brain has less to track. Routines become clear. This calmer baseline lets other favorable feelings surface: contentment, interest, humor, even mischief. I have actually seen citizens who were described as "hard" in one setting turn into mild, cooperative individuals in a quieter small home, with no medication changes.

This does not mean small homes are constantly peaceful. There can be laughter at the table, checking out grandchildren, a repair work person working in the lawn. The distinction is that the scale stays human. The nerve system can map the environment and feel fairly safe.

Attachment and belonging: understanding "these are my people"

Attachment does not end in childhood. In late life, especially after the loss of a partner or long-lasting good friends, the requirement to belong to a small, steady group ends up being very strong. When you place someone in a large senior care neighborhood, they might connect with dozens of various personnel over the course of a week. Some neighborhoods manage this well by appointing constant caretakers to particular homeowners, however turnover and scheduling intricacy still get in the way.

In a small home, citizens see the same faces day after day. The caregiver who helps with the morning shower is often the one who makes breakfast and sits at the table. Your house manager most likely knows which grandchild is using to college and which relative lives out of state. Households learn the caregivers' birthdays and inquire about their kids by name.

This duplicated, low-key contact develops genuine attachment. I keep in mind a female with innovative dementia, not able to recall her daughter's name, who could still take a look at a certain caregiver and say, "You are my safe individual." That safety had been earned over numerous peaceful mornings: the ideal water temperature, the extra towel, the gentle touch when she flinched.

When homeowners feel they come from a steady "little world," their anxiety reduces. They are more ready to accept individual care, more open to attempting activities, more flexible of small pains. Belonging is one of the greatest psychological advantages of intimate elderly care, and it is really difficult to fake.

Preserving identity through day-to-day rituals

Loss of independence harms, but not just in useful methods. Numerous older adults feel their identity wear down with every skill they can no longer securely carry out. Driving, cooking, handling medications, gardening, working with tools. When all of this disappears at once, the psychological impact is enormous.

Small homes are especially well suited to protecting identity through small, significant roles. In a big building, personnel are frequently under pressure to "get through the list" of tasks. It seems much faster to do everything for the resident. In a small home, there is more space to let somebody do a bit of what they still can, even if it takes two times as long.

A retired teacher might "assist" a caretaker read the mail and decide what to keep. A former mechanic might be the one who "checks" the batteries on the smoke alarms with a team member. Somebody who constantly baked can sit at the cooking area table and shape cookie dough while a caregiver deals with the oven.

These are not pretend activities. They are continuity of self. They advise the resident, and everyone else, that the person in the recliner is more than their diagnoses. I have actually seen anxiety soften when individuals restore these small functions. They are no longer "a fall danger in Room 203," they are Mary who folds the napkins, George who feeds the cat, Lila who waters the plants.

Emotional safety for families, not simply residents

Families typically carry a heavy mix of regret, grief, and fatigue by the time they think about moving a loved one into assisted living or another senior care setting. Specifically for adult kids who guaranteed "I will never ever put you in a home," the choice feels like an individual failure, even when 24-hour care is clearly needed.

Intimate settings can alleviate that psychological burden in numerous ways.

First, communication tends to be more individual and direct. Instead of an online portal and a generic "care group" email, households usually have the cell phone number of the main caregiver or home supervisor. When Dad has a rough night, someone can text, "He was uneasy, we attempted music, he settled after some tea. No requirement to stress, but desired you to understand." These details reassure families that their loved one is not just "handled" but cared about.

Second, visits feel like dropping by a home instead of entering an institution. I have actually viewed teenagers who feared visiting a grandparent in a standard nursing home relax quickly in a small, home-like environment. They can sit at the cooking area counter, chat with a caregiver, and feel part of daily life. This protects intergenerational bonds, which is emotionally crucial for everyone.

Third, small homes can share the load more flexibly. A child who has been supplying round-the-clock care might begin with periodic respite care stays, providing herself recovery time while her parent gets utilized to the environment. Since the setting is small, the staff quickly find out the individual's regimens, which makes each subsequent stay smoother. With time, if a permanent move becomes necessary, it feels like a continuation rather than a rupture.

Families who feel emotionally safe are much better able to remain involved in a healthy, sustainable method. That benefits the resident, who keeps meaningful connections, and the staff, who gain collective partners rather of burned-out, resentful relatives.

Staff experience and how it shapes care

You can not talk about psychological outcomes without speaking about staff. Frontline caretakers bring the brunt of the physical, emotional, and moral labor in elderly care. Their well-being straight affects the atmosphere homeowners feel every day.

Large assisted living communities may offer more formal career paths, training programs, and benefits, but they can also feel administrative. Schedules are stiff, interactions are task-driven, and specific caregivers might not see the long-term impact of their work.

In a small home, personnel experience is different. Caretakers frequently:

- Form long-term, family-like relationships with residents and their relatives.
- Have more autonomy to adjust routines to resident preferences.
- See the immediate psychological effect of their presence, for much better or worse.
- Take pride in the "whole home," not simply their designated tasks.

This can be deeply rewarding. I have met personnel who stayed in one small home for a decade, following citizens through the last chapters of their lives with remarkable dedication. That connection is uncommon in bigger systems.

There are trade-offs, of course. Smaller operations may struggle to offer top-tier pay and advantages. Burnout is still a danger, particularly if staffing is tight or leadership is weak. In a very small team, one poisonous character can toxin the environment quickly. Families should not assume that "small" immediately implies "healthy," but when the culture is positive, the psychological causal sequence is remarkable.

When a bigger setting may be better

Intimate care is not constantly the ideal answer. There are scenarios where a larger assisted living or competent nursing environment fits better, mentally as well as medically.

Residents with highly intricate medical needs might require 24-hour certified nursing, on-site treatment services, specialized clinics, or quick access to healthcare facility transfers. Some small homes can coordinate this, however numerous are not geared up for high-acuity care.

Extremely extroverted homeowners, or those who draw energy from a wide range of social contacts and structured activities, often thrive in a bigger community. They like multiple clubs, huge events, and a more busy environment. For them, an extremely small setting might feel limiting and even lonely.

Families who live far might choose a bigger service provider with more robust administrative systems, clear escalation courses, and a corporate structure they can hold accountable. A small, family-run home without strong governance can drift into bad practices if oversight is weak.

The secret is healthy. Emotional advantages come from positioning in between the person's personality, needs, and the environment's strengths. There is no single "right" model for all older adults.

What to search for in an emotionally healthy small home

When households tour senior care alternatives, the focus often falls on security features, staffing ratios, and cost. These matter. However it is similarly important to examine the psychological environment. In a small home it can be easier to check out, because there are less moving parts.

Here are indications that a small home is emotionally healthy:

- Residents are taken part in ordinary life: somebody reading, somebody napping, possibly someone folding a towel, instead of everyone parked in front of a television.
- Staff talk to homeowners respectfully, using names and gentle tones, even when citizens are confused or duplicating questions.
- Personal items and images are visible, and spaces feel individualized, not staged for marketing.
- The home smells like typical living (food, laundry) instead of strong disinfectant or masking fragrances.
- You notification moments of authentic affection: a hand squeeze, a shared joke, a caretaker who pauses to listen rather than rushing past.

If possible, visit unannounced after the very first formal tour. The 2nd visit often reveals the "genuine" day-to-day rhythm.

Questions to ask when considering intimate elderly care

Families sometimes feel overwhelmed and do not know how to penetrate beyond the brochure. Focused concerns assist emerge the emotional reality behind the marketing language.

Useful concerns to ask include:

- How long have most of your caretakers been here, and what do you do to keep good staff?
- Tell me about a resident who was hard to care for at first and how your team got to know them.
- What occurs here on a regular day for someone like my mother or father, from getting up to bedtime?
- How do you involve households, specifically if we can not visit often?
- Can you share a recent situation where a resident was upset, and how staff helped them feel safe again?

The material of the response matters, however so does the method it is provided. Are team member stiff and rehearsed, or do they seem reflective and sincere? Do they speak about citizens with love or inconvenience? Do they consist of the older grownup in the conversation where possible, or talk over them?

Integrating small homes with the broader care continuum

Intimate care settings seldom operate in seclusion. Frequently, they become part of a more comprehensive sequence: home care, respite care stays, longer residential care, often hospice. The emotional benefit grows when these shifts feel connected rather than fragmented.

Respite care can be specifically effective. A caretaker who has been supporting a partner with dementia at home may utilize a small home for brief remain at first. These breaks permit the caretaker to rest, deal with medical appointments, or simply charge. Similarly important, the person receiving care slowly becomes acquainted with the environment and the staff.

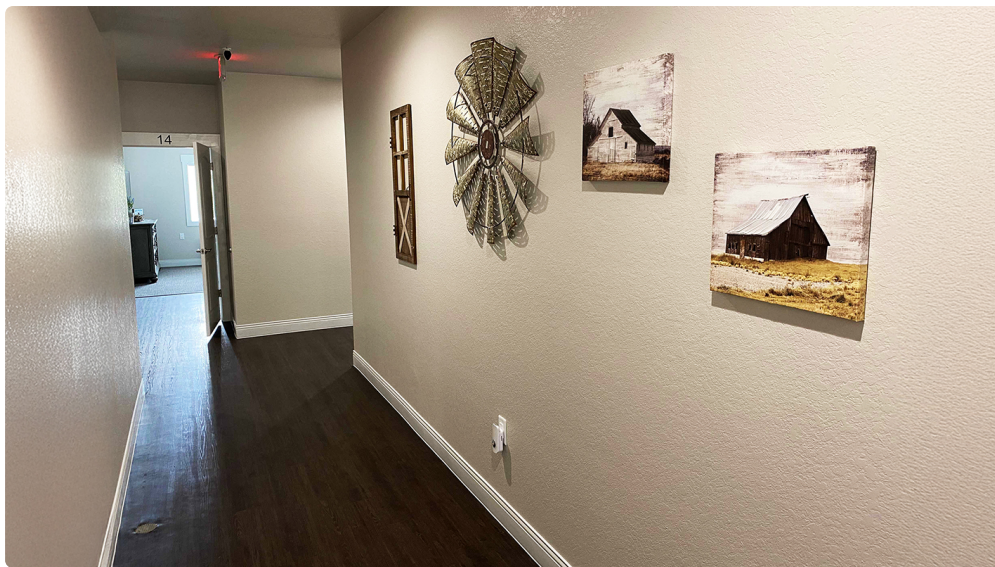
Over time, as the illness progresses, what began as occasional respite care can evolve into a full-time move. Due to the fact that the relationships and regimens are already in location, the psychological shock is minimized. The resident is not entering an unknown structure however going back to a place where "my buddies are."

Coordinated healthcare makes a distinction too. When small homes build strong connections with regional medical care companies, home health, and hospice teams, homeowners experience fewer jarring transitions in and out of medical facilities. Personnel can get subtle modifications early and team up with clinicians who currently understand the person's values and history. That continuity supports dignity at the end of life.

Practical restraints: expense, regulation, and availability

It would be unethical to go over emotional benefits without acknowledging the practical barriers. Small homes are not equally readily available, and they are not always cost effective. In numerous regions, they operate as private-pay assisted living or board-and-care, which can put them out of reach for families relying solely on public benefits.

Regulatory frameworks often lag behind truth. Rules composed for bigger facilities may not adjust well to small homes, or the licensing classification that fits a small home design might not enable higher care needs. Good service providers work artistically within these restrictions, but they can only bend so far.



Families sometimes have to make hard compromises. I have sat at kitchen tables with daughters who chose a specific small home mentally but picked a larger setting since it accepted a public payer source that the small home might not. In those minutes, the work shifts to drawing out as much intimacy and customization as possible within the picked environment.

Advocating for policy that supports a larger variety of small, community-based senior care choices is not a quick repair, yet it remains essential. The psychological advantages explained here are not luxuries. They are part of humane care in late life, and they must not be booked just for those who can pay top rates.

Bringing the "small home" mindset into any setting

Even when a real small home is not a choice, households and experts can borrow from the small-scale technique to enhance the psychological experience in bigger assisted living or nursing environments.

Focus on continuity. Request consistent caretakers when possible. Discover their names, share household stories, and treat them as [senior care](#) partners. That relational glue assists everyone.

Personalize the area. Even in a basic room, pictures, a favorite blanket, a familiar light, or a valued wall hanging can produce emotional anchors. These items tell personnel who the individual is, not simply what care they need.



Protect routines. If your father always shaved after breakfast, advocate for keeping that order. If your mother hoped or listened to a particular piece of music before bed, share that with staff. Small routines provide psychological structure.

Slow down key moments. Bathing, dressing, and mealtimes are mentally packed. Motivate caregivers to prevent rushing through them. A couple of additional minutes of calm, unhurried presence frequently avoid agitation later.

Above all, keep telling the person's story. In care strategy conferences, in hallway chats with staff, in notes you leave at the bedside. Small homes naturally soak up these stories because the scale makes love. In bigger settings, families sometimes require to work a bit harder to weave the story into the daily fabric.

The peaceful power of intimacy

When you remove away marketing terms and care designs, what older adults and their families typically wish for is easy: to feel comfortable, to be known, and to be cared for by individuals who treat them as humans, not jobs on a schedule.

Small homes are not a universal option, but they are a vivid presentation that scale matters. A handful of residents around a dining table, a caretaker who notifications a new trembling, a relative who feels comfortable enough to sob in the kitchen while somebody makes coffee for them, not just for the resident. These are the minutes that form the psychological memory of late life.

Whether you eventually select an intimate residential home, a bigger assisted living community, or a mix of respite care and in-home support, keeping these emotional top priorities in focus alters the questions you ask and the information you observe. Structures, staffing charts, and service menus are only the skeleton. The small, everyday gestures of intimacy supply the heart.

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 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?

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

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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.

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

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Take a scenic drive to [Historic Market Square El Mercado](#) only about 29 minutes away from our BeeHive Homes of Crownridge Assisted Living & Memory Care