

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

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

Phone: (210) 874-5996

BeeHive Homes of Crownridge Assisted Living & Memory Care

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

[View on Google Maps](#)

6919 Camp Bullis Rd, San Antonio, TX 78256

Business Hours

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

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Families typically describe the look for dementia care as the hardest series of choices they have actually ever made. You are handling security, cost, regret, and love, while attempting to translate medical jargon, licensing guidelines, and glossy brochures. For decades, the default answer was a large assisted living or nursing facility with a locked memory care wing. Lately, more households are stepping far from that [memory care home](#) model and towards something quieter: small, home-like senior care settings focused totally on memory care.

These are sometimes called residential care homes, care homes, or small senior memory care homes. Labels vary by state, however the core idea is consistent. Rather of 60 to 120 locals in a big building, you may have 6 to 16 people living in a real home on a residential street, with experienced caretakers on site around the clock.

The shift toward these intimate settings is not just a trend. It shows deep dissatisfaction with institutional models and a better understanding of what people with dementia really require to feel protected and valued.

How the "huge building" model took over

Large assisted living neighborhoods did not grow by accident. They fit the monetary and regulative structure that controlled senior take care of years. The design was easy: numerous homes or spaces organized around shared dining and activity locations, with different levels for independent living, assisted living, and memory care. Provider like medication management, bathing help, and housekeeping were layered on top.

From an operator's viewpoint, this structure scales well. One nurse can oversee lots of residents, one activities director can plan occasions for a whole flooring, and a central cooking area can prepare hundreds of meals per day. Investors understand the model and know how to project tenancy, staffing ratios, and revenue.

For households, the benefits can seem obvious at first glance. There is a long menu of services, social programs, treatment offerings, and onsite additional such as beauty salons or transport. The buildings frequently look like

high end hotels. When you are feeling guilty about moving a parent from home to "a facility," it is tempting to correspond more features with much better care.

The problems appear later on, when the complexities of dementia start to encounter the truths of large-scale operations. Staff turnover, long strolls from spaces to dining, overstimulating environments, and stiff schedules can be exhausting for someone whose brain can no longer filter sound, navigate area, or remember what they are "supposed" to do next.

Families inform you that a parent who was gentle at home unexpectedly began "acting out" after the move. Frequently, nothing changed medically. The environment changed, and the brain reacted with distress.

Why dementia and institutional settings often collide

Dementia is not just about memory. It affects perception of space, capability to interpret faces and expressions, stress tolerance, and day-night rhythms. The functions that help a hotel run efficiently can work directly versus somebody with cognitive decline.

A few patterns come up repeatedly in large, traditional senior care:

Staffing feels extended. A caretaker may be accountable for 12, 15, or more homeowners throughout a busy shift. Even with the best objectives, that structure presses care towards job conclusion rather than relationship structure. Showers become something to survive, not a moment to maintain dignity.

Noise and motion never ever actually stop. Elevators, TVs, overhead announcements, vacuum cleaners, and large-group activities produce consistent background stimulation. People with dementia typically lose the ability to filter this, which causes anxiety or withdrawal.

Distance becomes an everyday challenge. Long hallways, elevators, and big dining-room add several points where a resident can forget their destination, get reversed, or lose track of hints. Each misstep strengthens their sense of failure.

Schedules are constructed around the system. Breakfast at 8, lunch at 12, medications at set times, group activities at 2. That consistency assists staffing and logistics, however the brain with dementia may not sync with the clock. Getting up late, declining to go to the dining room, or roaming throughout "rest time" gets identified as habits, rather than a mismatch.

One child summed it approximately me just: "The neighborhood was nice. My mom just might not live that kind of life any longer."

Small senior memory care homes emerged particularly to resolve this gap.

What defines a small senior memory care home

Where a large neighborhood may resemble a cruise ship, a properly designed small memory care home feels like checking out a relative who happens to have expert caretakers and security functions developed in.

A common home might have 6 to 10 locals, each with a personal or semi-private bed room, a large shared living-room, an open cooking area, and a backyard or outdoor patio. Some homes are transformed single-family houses; others are purpose-built but still scaled to residential proportions.

Several functional differences matter more than the structure:

Caregivers know each resident extremely well. When you only support a handful of individuals, you see how they like their coffee, which song calms them during a bath, and the early indications of a urinary tract infection. That level of familiarity is challenging to duplicate in a location with several systems and consistent staff rotation.



The day follows individuals, not the other method around. If someone wakes at 5 a.m. Starving for toast, a caregiver can safely accommodate that. If another resident chooses a late breakfast and a quiet walk before signing up with others, the environment can flex. There is frequently a loose structure, however it flexes to individual rhythms.

Spaces are scaled to the brain. Rooms are more detailed together. Restrooms sit a few actions from bedrooms. The cooking area shows up, so gives off cooking work as hints for mealtimes. This decreases disorientation and the aggravation of "I understand there was a bathroom someplace."

Family life is much easier to preserve. Grandchildren can visit and sit at the kitchen table for a snack. Conversations feel more natural without shouting over a dining hall. Numerous families report that vacation visits in a little home feel more like "going to Granny's house," which softens the psychological weight of senior care.

When little memory care homes are succeeded, the intimacy is not simply aesthetic. It shapes how assisted living, dementia care, and even respite care are delivered day to day.

The heart of the shift: relationship-based care

The most powerful modification in small homes is cultural, not architectural. Staffing patterns and training are developed around relationships instead of tasks. This approach is often called person-centered care, but that phrase is so tired that it risks becoming background noise. The difference displays in where time and attention go.

In a conventional schedule, a caretaker might have 10 minutes slotted for each resident's morning routine. If someone resists a shower or feels baffled, the pressure to proceed boosts. In a small home, a caregiver has fewer people to support, so they can sit on the edge of the bed, talk, sing, or merely hold a hand up until the anxiety passes. The shower still occurs, but at a pace the brain can handle.

I once saw a caregiver in a six-bed home assist a gentleman with advanced dementia get dressed. The process took nearly 40 minutes. They talked about his days working on a farm, and she laid clothing out in the exact same order every day so he might still participate by picking a shirt. In a big neighborhood, that type of time simply is not available on a regular basis. The outcome was not simply clean clothing, however maintained identity.

This relational depth likewise improves medical results. Subtle changes in gait, hunger, state of mind, or sleep frequently precede falls, infections, or medication reactions. When staff see the exact same 6 to 8 faces every day, these shifts stick out. Early intervention is easier. In practice, that can mean less emergency room visits and less disruptive healthcare facility stays.

Assisted living, memory care, and where little homes fit

Families often get tangled in terminology. Assisted living, memory care, dementia care, competent nursing, board and care - it starts to blur together. Small senior memory care homes generally sit at the crossway of assisted living and specialized memory support.

Residents generally require aid with some or most activities of daily living. These include bathing, dressing, medications, toileting, transfers, and meals. What distinguishes a true memory care home is not only that the homeowners have actually identified cognitive problems, but that every element of the environment is tuned for dementia.

You will frequently see:

- Higher staff-to-resident ratios than normal assisted living
- Secured outdoor areas that avoid risky roaming while permitting fresh air
- Simplified visual hints, such as contrasting colors for toilet seats or plates
- Structured however versatile regimens that anchor the day without overwhelming

In states where policy enables, some little homes support relatively innovative medical requirements with nurse oversight. In other areas, they need to discharge residents who need specific levels of proficient nursing. Comprehending regional guidelines is vital, since it straight affects whether a particular home can offer care through the later stages of dementia.

For households, the useful concern is usually: "Can my parent age in place here, or will we need to move again?" A careful, sincere assessment up front matters more than any marketing phrase.



Respite care in a little home: a different kind of break

Respite care is typically framed as a short-term service for caregivers who are "stressed out." That framing misses out on the point. Planned breaks are a core part of sustainable senior care in your home, especially when

dementia is involved.

Large neighborhoods commonly use respite stays of a couple of days to a couple of weeks in furnished apartments. These can be helpful, however the adjustment duration is genuine. New building, brand-new regimens, brand-new faces. By the time an individual with dementia begins to feel settled, it is often time to go home again.

In a little senior memory care home, respite can feel much less disruptive:

The setting appears like what the brain expects. A house, a yard, a kitchen area, a living-room. Even if the layout is unfamiliar, the general pattern matches years of memory. This can minimize confusion and nighttime agitation.

Staff rapidly discover choices. Over a two-week respite stay, caregivers will most likely see and respond to recurring patterns: how someone likes their tea, whether they pace before meals, which chair they select. With a handful of locals, these details land faster.

Interaction feels more natural. Rather of walking into a big dining-room full of complete strangers, a respite resident joins a table with five or six others. Discussion is simpler. Silence is comfortable. There is space for slowness.

Used tactically, respite stays in a little home can likewise serve as a mild trial run for future full-time positioning. Both the household and the personnel discover whether the fit is right without the emotional weight of an irreversible move.

The compromises: small is not always instantly better

Every care design has limits. It is tempting to romanticize small homes as universally remarkable, but that does an injustice to households making tough compromises.

Cost structure can cut both methods. Some small homes are more cost effective than big communities, specifically in areas where realty and overhead are lower. Others sit at the premium end of the marketplace. Rates varies commonly, and additions matter: are incontinence items included, or billed individually, for example.

Access to onsite medical services is typically more minimal. A large assisted living with memory care might have routine visits from physiotherapists, nurse practitioners, or drug store consulting groups. In a small home, these services frequently can be found in from the outside on an as-needed basis. That works well with a strong medical care medical professional and coordinated home health, however it requires more proactive communication.

Social choices differ. Some citizens genuinely delight in large-group activities, getaways, or the buzz of a larger setting. A former teacher may prosper running a trivia game in a 40-person hall. In a six-bed home, social life is more intimate by style, which matches some personalities much better than others.

Regulation and quality can be irregular. A lovely site indicates little if staffing is unsteady or the owner views the home mostly as a real estate financial investment. With small operations, the variety in between exceptional and poor is broad. Families need to look previous decoration and into daily regimens, personnel training, and turnover.

Geography matters. Not every neighborhood has well-run small senior memory care homes. Rural areas might have fewer certified options, or homes that select to specialize more in general senior care than dementia care. In those cases, a respectable larger memory care program may be the much safer choice.

The concern is not "small or large" in the abstract. It is, "Given my parent's needs, personality, resources, and place, which particular setting lines up finest with how they wish to live?"

What to look for when you tour a little memory care home

Even experienced health care specialists can be amazed by how different two memory care homes feel, even when they look similar on paper. Licenses, staff ratios, and square footage do not inform the entire story. You learn a good deal from what you see and feel while standing in the living room.

Here is a focused list households often discover helpful when assessing small homes:

1. Engagement: Are residents up, dressed, and involved in something identifiable as real life, not simply parked in front of a television?
2. Staff presence: Do caregivers stay mostly in the typical areas, connecting, or are they concealed in a back workplace?
3. Communication: When you ask detailed questions about care, medications, or emergency situations, do you get specific answers or unclear peace of mind?
4. Environment: Exist clear visual hints for restrooms, exits, and dining, with minimal clutter and safe outdoor access?
5. Family gain access to: How does the home manage checking out, shared meals, and participation in care planning?

It is worth visiting two or three times, if possible, at different times of day. Early morning exposes how the home handles wake-up routines, which can be the hardest part of dementia care. Late afternoon or early night demonstrates how they handle "sundowning," the agitation that frequently surfaces as daytime fades.

Ask to see where medications are saved, how they log administration, and who is authorized to give them. Find out how often a nurse visits and what activates a call to the physician or paramedics. A strong home will walk you through particular scenarios they handle often: a fall, rejection of care, a household difference about objectives of care.

Integrating little homes into a more comprehensive care journey

Senior care choices rarely happen in a straight line. A common course may start with family-provided assistance in your home, supplemented by adult day programs or in-home aides. In time, safety concerns grow, and households look toward assisted living or specialized dementia care.

Small memory care homes can play various roles along this path:

Short-term respite when family caretakers require surgery, travel, or merely deep rest.

A bridge setting for someone who can no longer live safely alone however does not yet require complete nursing home care. A long-term home for the rest of the dementia journey, particularly when the home is geared up to manage late-stage requirements in collaboration with hospice.

The key is to see these homes not as isolated islands, but as part of a network that consists of medical care, neurologists, hospital teams, home health, and hospice. The very best outcomes come when information flows efficiently amongst all parties.

If your parent moves into a small senior memory care home, share medical records, advance regulations, and medication lists in a structured way. Develop how the home will interact changes to you and to the medical team.

Ask about their experience partnering with hospice, even if you are not at that point yet. Clarity early on prevents confusion throughout crises.

Emotional influence on families

Beyond scientific measures, one of the starkest differences I have actually seen in between institutional settings and intimate homes is emotional. Families of residents in little homes typically report a different kind of sorrow. The loss is still genuine and heavy, however the everyday experience feels less like "checking out a facility" and more like entering a shared household.

Adult kids are most likely to sit at the cooking area counter, aid serve lunch, or sign up with a walk in the yard. Conversations with staff seem like exchanges in between partners, rather than demands to a far-off company. This sense of shared ownership over care choices can minimize guilt and helplessness.

One son informed me, "It still hurts each time I leave, however I do not go home feeling like I abandoned my dad. I seem like I left him with individuals who actually understand him." That distinction, while difficult to measure, matters deeply.

At the very same time, the intimacy of little homes can cut both methods mentally. When bonds with personnel and other locals are strong, deaths in the home affect everyone. You are not protected by layers of administration. Households must be prepared for that depth of connection, which brings both convenience and vulnerability.

Looking ahead: the future of little memory care homes

Demographics ensure that demand for dementia care will keep rising over the coming decades. Big assisted living neighborhoods will remain part of the landscape, and numerous will enhance their memory care wings with much better training and ecological design.



Small senior memory care homes will likely broaden in parallel, particularly in regions where states recognize and appropriately regulate residential designs. Their success will depend upon preserving quality as numbers grow. A six-bed home run by a deeply included owner is something; a portfolio of lots of such homes spread out across a number of counties is another, and requires more official systems.

For households and professionals, the most essential mindset shift is to move away from thinking about senior care entirely in institutional terms. Home is not just a location; it is a way of living, relating, and being recognized.

For many people with dementia, a small, intimate memory care home provides the closest approximation of that feeling, while still providing the security and support they now need.

Choosing care for a loved one with dementia will never be simple. However comprehending the real differences in between institutional and intimate options, and how each aligns with your parent's history, personality, and medical requirements, brings the decision out of the fog and into clearer light.

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

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?

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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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Conveniently located near [Santikos Palladium](#) a amazing upscale movie theater with full food & drink menu. Catch a movie and enjoy some great food while you wait.