

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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The very first time I watched a resident with advanced dementia fold hand towels for forty peaceful minutes, I understood just how much more powerful a well created regimen is than any activity calendar. Her name was Margaret. In a bigger building she had actually been understood for "exit seeking" and agitation. In a small, shop assisted living home, she ended up being the unofficial linen supervisor. Very same diagnosis, very same cognitive score, totally different everyday life.

Boutique assisted living and small memory care homes have an unique chance: they are small adequate to develop the day around the person, not around the structure. When you utilize that scale wisely, regimens stop feeling like schedules and start seeming like a life.

This is where significant regimens matter a lot of. Not busywork, not "fill the time," but rhythms that protect self-respect, minimize distress, and honor who the individual has constantly been.

What "meaningful routine" actually means

Families typically tell me, "Keep Mom busy, or she'll get distressed." That impulse is understandable, however it misses something vital. The objective in dementia care is not constant activity, it is foreseeable, purposeful rhythm.

A significant routine in a store assisted living or memory care home normally has 3 qualities.

It feels familiar. Even when memory is fragmented, the nerve system remembers patterns. Coffee first, then shower. Music after supper. Prayer before bed. These touchpoints offer citizens something to lean on when words and realities slip away.

It has a function that the resident can sense. Individuals living with dementia still want to be useful. Setting placemats, arranging buttons, watering the patio plants, checking the mailbox. If a resident can say "this is my

task" or at least appears like they understand why they are doing something, you are on the ideal track.

It respects the person's lifelong identity. A retired nurse will engage differently from a former carpenter or instructor. When routines echo those long-term roles, they tap into deep procedural memory and pride. Rather of generic "activities," you get pieces of their old life woven into the present day.

Meaningful routines are less about the what and more about the why and when. Two citizens can both peel carrots at the kitchen area island. For one, it is a satisfying sensory activity. For another, it is an echo of years preparing for a huge household. Your job is to understand which is which.

Why small, boutique homes have an advantage

I have actually operated in 100 bed communities and in homes with ten citizens. The smaller settings, when handled intentionally, can form regimens with far greater precision.

A few things tilt the scales in favor of store assisted living and small memory care homes:



Staff see the entire day, not just their "shift jobs." In a bigger building, a caregiver may just understand the early morning routine well. In a home with eight or twelve homeowners, the exact same core team often sees breakfast, mid-morning, lunch, and often even late afternoon. They observe patterns: "He always gets restless around 3 p.m. If he avoided his morning walk."

The environment acts more like a home than a center. Doors, sounds, smells, and lighting remain fairly consistent. The coffee grinder, the dryer buzzing, neighbors chatting at the table. Predictable sensory input makes regimens easier to anchor.

Schedules can bend without thwarting an entire department. If one resident slept inadequately and needs a slower morning, a small home can typically reorganize breakfast or bathing times without producing a cause and effect. That versatility is vital for dementia care, where demanding a stiff schedule regularly triggers resistance or distress.

Supervisors can coach in genuine time. When there are only a handful of citizens, a manager can stand in the living room, observe the circulation for 20 minutes, and see where the day breaks down. They can experiment: little modifications in music, timing, or seating, then rapidly see the impact.

The other side is that small homes can drift into "whatever takes place, happens" if leadership is not intentional. Excellent routines do not emerge by mishap. They are created, checked, and revised with both resident needs and staff realities in mind.

Understanding dementia through the lens of rhythm

Cognitive decline scrambles a person's ability to track time, follow sequences, and anticipate what comes next. That loss alone is frightening. If the environment is also chaotic or unpredictable, the person lives in a continuous state of low grade alarm.

Routines imitate scaffolding for a brain that is losing its internal structure. They do a few things neurologically and emotionally.

They decrease choice load. Every "What are we doing now?" is a small stressor. If breakfast constantly follows getting dressed, there is less confusion and fewer arguments.

They anchor emotional memory. Somebody may not recall that they had oatmeal half an hour earlier, however the calm they felt sitting at the same bright spot each morning sinks in. The body keeps in mind safe patterns.

They soften the edges of habits symptoms. Hostility, wandering, and repeated questioning typically rise when the individual feels unmoored. Predictable transitions at predictable times help keep the nervous system steadier, which implies less escalation.

They produce shared scripts for staff and family. When everybody understands that after lunch is "quiet music and one to one time," nobody has to improvise, and locals detect that confidence.

When I stroll into a small senior care home where dementia care is working out, I rarely see a complex activity board. I see a constant rhythm that almost hums in the background. Citizens drift through it with cues from staff, environment, and each other.

Building the day: a lived example of meaningful structure

To make this less abstract, envision a boutique assisted living home with 10 residents, 7 of whom have some level of dementia. Here is how a significant routine might actually feel from the inside.

Morning: how the day starts shapes everything

I in some cases describe early morning in dementia care as "setting the metronome." If the first 2 hours are rushed and complicated, the remainder of the day hardly ever recovers.

In a well run home, staff go for gentle, constant awaken that match each resident's natural pattern as carefully as possible. The early bird, Mr. Carter, might be up by 5:30, making coffee with supervision, since he has done that for 60 years. Requiring him to "remain in bed till 7" is a dish for agitation. On The Other Hand, Mrs. Patel, who constantly slept late, may not be coaxed into the shower till closer to 9.

Instead of a single loud announcement for breakfast, smells and sounds hint the start of the day: bacon in the pan, toast popping, soft music at the exact same volume every day. These subtle signals matter more than words, especially for individuals with meaningful or responsive language loss.

Morning routines work best when they are burglarized consistent mini routines. Restroom, wash face, comb hair, then the exact same cardigan. Walking the very same short hallway route to the dining table. Sitting in the same chair with the very same place setting each day. When a resident can perform pieces of this separately, personnel resist the temptation to enter and "assist excessive." Protecting independence, even if it takes longer, typically creates calmer days.

Medication and care jobs fold into this circulation rather of tugging locals out of it. The nurse may bring Mr. Carter's meds to his breakfast plate, inspecting vitals while he enjoys toast. That feels even more natural than

pulling him away to a different "med space."

Midday: selecting activities that seem like genuine life

By late early morning, locals are typically at their greatest energy and focus. This is when I like to set up anything that demands even mild effort, whether cognitive, physical, or social.

In a small memory care setting, this may look less like a formal "10:00 am activity" and more like a layered scene in a real family. Two locals fold laundry at the table. Another waters patio plants, arm in arm with a caregiver. Someone else listens to old Bollywood songs through headphones while your home manager preparations vegetables, using a carrot to peel here and there.

The important piece is not that everyone gets involved, however that everyone has a choice that fits their capability and personality. The quiet former librarian might choose to arrange old postcards by color while homeowners with a more social history lead a simple group trivia game or help set the table.

Lunch itself is a major anchor. Consistent mealtimes, comparable tablemates, and dishes that echo lifelong food preferences all reinforce security. I worked with one gentleman who had actually matured on a farm. When we added a small bowl of chopped tomatoes from the garden to his lunchtime plate in the summertime, he began eating better and needed less prompting. Tiny hints can unlock huge shifts.

Afternoon: handling the uneasy hours

For many individuals with dementia, the 2 to 6 p.m. Window is the most vulnerable. Energy dips, daytime modifications, and the brain tires of compensating all the time. This is when sundowning behavior appears: pacing, watching staff, tearfulness, or outbursts.

A boutique assisted living home has tools here that big centers battle to match.

Physical movement gets woven into the regular before agitation peaks. A sluggish hallway "mail route" after lunch, where homeowners assist deliver newsletters or napkins, burns off some uneasiness. A short monitored walk in the garden ends up being an everyday ritual, not a when a week treat.

Sensory environment is tuned with intent. Extreme overhead lights dim a little as natural light softens, preventing disconcerting contrasts. Background sound drops. News channels, which can surge anxiety even in cognitively healthy adults, are restricted or turned off totally in favor of calm music or nature scenes.

Quiet, hands-on tasks appear at foreseeable times. Simple crafts, familiar things, aromatherapy foot rubs, or simply checking out large picture books. One resident I knew, a retired mechanic, would spend almost an hour each afternoon cleaning and organizing a bin of safe, non-functional tools. That replaced his previous pattern of standing by the exit attempting to "go home."

Staff also speed their own routines to match. This is not the time to change bedding in several spaces or hold loud staff meetings. The more predictable and grounded the caregivers are, the more citizens obtain that steadiness.

Evening and evening: closing the loop

If morning sets the metronome, evening smooths out the tempo. Sleep problems, falls, and over night confusion all link closely to how citizens wind down.

Consistent, calm evening routines help. The same sequence each night: light snack, preferred television program or music, restroom, pajamas, maybe a short bedside chat or prayer. Even citizens with considerable cognitive loss

typically react to these signals. They might not understand it is 8:30 p.m., but their bodies recognize "this is what takes place before bed."

Lighting should have unique mention. In small homes, it is much easier to utilize warm, indirect light in the hours before bed and to keep corridors carefully lit up in the evening. Unexpected darkness or pitch black restrooms prevail triggers for nighttime stress and anxiety and falls.

A good memory care regimen likewise prepares for night time awakenings. Some citizens will reliably wake around 1 or 3 a.m. In a boutique home, staff can develop micro regimens here: a short toileting journey, a prepared cup of warm milk, the same brief encouraging phrase. Over time, these small scripts frequently prevent thirty minutes episodes from spiraling into 2 hours of wandering.

Balancing safety, autonomy, and staff workload

It is easy to sketch a perfect day on paper. The reality in senior care always includes trade offs. Staff lacks, unforeseen medical events, and new admissions challenge even the best prepared routines.

Three tensions turn up again and again.

Safety versus self-reliance. Letting a resident carry hot coffee might feel risky. But always changing it to a lidded cup with a straw can infantilize them. In small homes, groups can work out middle courses: tough mugs, closer guidance, or putting half cups at a time.

Predictability versus individual option. A rigid schedule might be much easier for personnel to follow, but citizens get irritated when they can not oversleep occasionally or skip an activity. The very best regimens I have seen integrate in pockets of versatility within a stable frame. Breakfast usually between 7 and 9, for instance, rather of one specific time for everyone.

Structure versus staff tiredness. High quality dementia care asks caregivers to stay mentally present, not just physically available. If regimens demand consistent one to one engagement without thinking about staffing levels, burnout comes quickly. Boutique homes need to match their day-to-day strategy to genuine staffing ratios, and often that means intentionally simplifying.



None of these tensions have permanent options. They need ongoing, sincere discussion amongst nurses, caregivers, management, and households. A regular that looks terrific on paper but leaves staff exhausted will not last.

Crafting individual focused regimens: questions that really help

When brand-new locals move into a memory care or assisted living home, the intake package usually includes a "life story" type. Those can be important, however only if personnel transform those information into genuine routines.

Here is one focused set of concerns I train caregivers to utilize, often during the first week, in conversations with families or the resident:

1. "When the individual was living in the house, what did an excellent morning appear like for them, before dementia was a factor?"
2. "What did they do for work, and exists any small part of that we can echo here?"
3. "What were their functions in the family: cook, organizer, garden enthusiast, fixer, social planner?"
4. "Exist any everyday routines or spiritual practices that actually mattered, even if brief?"
5. "What time of day were they typically at their best, and when did they require more peaceful?"

Those five responses can shape half the daily structure. A previous mail carrier may walk the border of the yard every afternoon with staff, "inspecting the path." A lifelong person hosting may help greet visitors or pour coffee when household gets here. Somebody whose faith mattered deeply may take advantage of a short day-to-day prayer or bible reading at a set time, even if they can not follow completes anymore.

Respite care stays, where somebody lives in the home for a brief period to offer family a break, provide a special chance. Personnel see the person in a compressed window and can evaluate routines rapidly. Families typically return saying, "They slept better here than in the house." The objective is to translate those discoveries back to the home environment: same music playlists, comparable timing of baths, or replicated bedtime snacks.

Integrating medical memory care with everyday living

Dementia care involves more than comforting regimens. Store homes should still manage medications, monitor health conditions, and react to behavioral symptoms in a medical, evidence informed way.

The art lies in mixing medical discipline with homelike structure.



Medication timing aligns with routine touchpoints rather than feeling random. If a resident requires a twelve noon dose that causes moderate drowsiness, staff may construct a "rest and unwind" duration around that time. The pill becomes part of a larger pattern, not an isolated event.

Cognitive and physical treatments weave into normal activities. Instead of sterile "workout sessions," walking to the mail box, taking part in chair stretches before lunch, or raising light grocery bags from the cars and truck all assistance movement. Memory prompts show up as identified drawers in the cooking area, a consistent picture board of staff, or an easy today board in the very same place each morning.

Behavioral care plans translate into particular ecological cues. If a resident is vulnerable to evening agitation, the strategy needs to not merely state "reroute." It needs to define: dim television by 4 p.m., use hand massage at 5, play their favored music playlist at low volume, avoid brand-new demands in between 5 and 6. These actions end up being a tiny routine within the day.

Good boutique assisted living and memory care homes record these patterns, then coach new staff with real examples. Checking Out "Mr. Lee delights in sorting socks" is less useful than, "Every day around 10:30 he begins strolling the hall. Invite him to sit at the table and set socks while you fold towels. Speak about fishing trips; that usually settles him."

Measuring whether routines are really working

Families and operators alike often presume that as long as the schedule is full, care is good. That is not necessarily true. A significant routine must measurably enhance life for both homeowners and staff.

I encourage groups to watch for a few useful indicators.

First, the pattern of distress occasions. Are there less episodes of agitation, refusals of care, or contacts us to on call nurses during the night compared to previous months? When the routine is right, these generally visit obvious margins.

Second, the tone during shifts. Moving from one part of the day to another is where issues appear first. If dressing, bathing, or mealtimes consistently involve coaxing, hold-ups, or conflict, the routine most likely needs change at those points.

Third, staff confidence. Caretakers will generally tell you, in plain language, whether the day "flows" or feels like "putting out fires." When routines match locals, personnel stop improvising all day. Their tension levels fall, and turnover typically follows.

Fourth, household observations. When households visit at different times of day, do they see their loved one engaged, calm, or at least not distressed? Do they feel they understand what to expect if they come Wednesdays at 3 or Sundays at 10 a.m.? Consistency constructs trust.

Finally, the resident's body movement. Even in the middle of cognitive decline, you can read a lot: relaxed shoulders, fewer clenched jaws, slower breathing, spontaneous smiles. A great regimen reveals on the face.

Data can help, however in small homes, careful observation and routine personnel huddles are typically just as effective. As soon as a week, stand around the cooking area island and ask, "What part of the day consistently trips us up?" Then fine-tune one variable at a time: the timing, the order of events, who leads, or the ecological cues.

Working with families as partners, not visitors

Family members bring vital pieces of the puzzle that no evaluation tool can capture. In shop senior [senior care](#) settings, where people typically feel more detailed to personnel, that partnership can be especially strong.

To maximize it, staff need to ask for particular, actionable input. Here is an easy set of triggers I typically show households when their loved one is brand-new to dementia care or assisted living:

- "What tunes, smells, or items comfort them rapidly when they are upset?"
- "If they had a bad night, what assisted the next early morning, and what made it even worse?"
- "What nicknames or phrases have you always used that appear to 'reach' them?"
- "Are there any regimens from home we should keep at all expenses, even if small?"
- "What times of day were always hard, even before dementia?"

This second list is especially effective during respite care stays. Households might not have the energy to reflect while they are tired in your home. After a brief stay, however, they frequently return with clearer eyes: "I recognized Mom always got stylish around 4 p.m. Even ten years earlier. No surprise that is still her rough hour."

The objective is not to duplicate the home environment perfectly, which is impossible, but to equate its emotional reasoning. If Dad always phoned his brother at 7 p.m., perhaps 7 p.m. In the home ends up being photo phone time, taking a look at an album of that brother rather. The feeling of connection, not the literal call, is what matters.

Families likewise need reasonable expectations. Even the best created routine will not get rid of every moment of confusion or distress. Dementia is a progressive condition. The pledge you can reasonably make is that the individual's days will be safer, more predictable, and more dignified than they would lack this structure.

The quiet power of common days

Families hardly ever phone the administrator to say, "Thank you, today was really typical." Yet in dementia care, an uneventful day is often an accomplishment. No significant crises, no frenzied calls, no injuries, simply a string of small, recognizable minutes: coffee, a familiar hymn, folding towels, seeing birds, a shared joke at dinner.

Boutique assisted living and memory care homes are distinctively positioned to develop more of those common, excellent days. With small resident numbers, steady staff, and a homelike environment, they can shape routines that are both individual and sustainable.

Meaningful regimens are not attractive. They appear like understanding that Mrs. Reed needs her cardigan warmed in the clothes dryer before she will voluntarily get dressed, or that Mr. Alvarez cools down when somebody sits next to him at 4 p.m. And discuss baseball. They emerge from focusing, trial and error, and respect for who each person has always been.

If you walk into a senior care home and feel that the day unfolds nearly on its own, without consistent crisis management, you are most likely seeing the fruits of that work. Behind the scenes, staff have actually taken the raw product of memory care finest practices and shaped them into day-to-day practices that fit their specific residents.

That is what significant regular really is: not a rigid schedule taped to the wall, but a living contract between personnel, homeowners, and families about how to fill the hours in such a way that seems like a life, not simply a stay.

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
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BeeHive Homes of Crownridge Assisted Living has a website <https://beehivehomes.com/locations/san-antonio/>
BeeHive Homes of Crownridge Assisted Living has Google Maps listing <https://maps.app.goo.gl/YBAZ5KBQHmGznG5E6>
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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 BeeHiveHomes 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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BeeHive Homes of Crownridge Assisted Living & Memory Care has a website

<https://beehivehomes.com/locations/san-antonio/>

BeeHive Homes of Crownridge Assisted Living & Memory Care has Google Maps listing

<https://maps.app.goo.gl/YBAZ5KBQHmGznG5E6>

BeeHive Homes of Crownridge Assisted Living & Memory Care has Facebook page

<https://www.facebook.com/sweethoneybees>

BeeHive Homes of Crownridge Assisted Living & Memory Care has Instagram

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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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Sunday 9am to 5pm.

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

You can contact BeeHive Homes of Crownridge Assisted Living & Memory Care by phone at: [\(210\) 874-5996](tel:2108745996), visit their website at <https://beehivehomes.com/locations/san-antonio/>, or connect on social media via [Facebook](#) or [Instagram](#)

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.