

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 usually do not begin researching senior care due to the fact that life is calm and organized. Something has shifted. A parent left the range on, a partner with dementia wandered outside in the evening, or the caregiver merely can not keep up with medications, laundry, house upkeep, and consistent guidance. By the time I satisfy households expertly, they are typically tired, fretted, and overwhelmed by choices: assisted living, memory care, respite care, in-home assistance, or some mix of all of these.

Choosing between assisted living and memory care is not just a monetary choice. It is about security, self-respect, and what daily life will really feel like for the person you like. The pamphlets tend to flatten the distinctions into a few marketing phrases. In practice, the space can be large, and moving two times (from assisted living to memory care) is disruptive, both emotionally and financially.

This short article walks through how these alternatives differ in services, staffing, environment, and expense, and how to match them to real-world scenarios instead of abstract descriptions.

What assisted living actually provides

Assisted living grew out of a basic concept: numerous older adults do not require a nursing home, but they likewise can not or do not wish to manage alone in the house. The goal is to blend real estate and support in a manner that maintains independence.

In most states, assisted living homeowners reside in private or semi-private houses with a little kitchen area or kitchen space, a bathroom adapted for security, and access to common areas such as dining rooms, activity spaces, and in some cases outdoor yards. The building looks less clinical than a nursing home. Lots of citizens still drive, go out with pals, or travel, although they might rely on staff for medication reminders or help with bathing.

From a services viewpoint, assisted living is constructed around help with activities of daily living: bathing, dressing, grooming, toileting, and transfers. Personnel can likewise assist with medications, often utilizing a main

med cart or pharmacy blister packs. Housekeeping, laundry, and meals are typically consisted of in the base rate.

What assisted living is not developed for is high-risk habits or complex cognitive impairment. Personnel are normally not geared up for frequent wandering, exit-seeking, aggression activated by dementia, or residents who can not safely call for help when they need it. Regulations vary, but there is normally a limit to how much healthcare or hands-on help an assisted living facility can legally supply before a resident needs either memory care or a nursing home.

An excellent way to consider assisted living is that it fits older grownups who require structure, assistance, and some supervision, however can still participate in their own security. They can press a call button, follow simple instructions, and comprehend why specific borders exist.

What memory care adds on top of assisted living

Memory care looks comparable on the surface: personal or shared rooms, meals, housekeeping, activities. The crucial differences sit behind the scenes in staffing, building design, programs, and policy.

Memory care units are particularly designed for locals with Alzheimer's disease and other dementias. The layout typically features a protected border with controlled exits. Corridors are often shorter, circular, or developed to minimize dead ends that can aggravate agitation. Color cues, large signage, and visual landmarks assist citizens orient. Outdoor spaces are either fully confined or thoroughly supervised.

The staffing pattern is much heavier. Where an assisted living floor might have one caregiver for 10 to 15 homeowners throughout the day, memory care might aim for something like one caretaker for 5 to 8 locals, depending upon the state and the operator. Staff are trained to manage habits such as sundowning, repeated questioning, exit-seeking, and resistance to care. Training includes techniques for redirection, non-pharmacologic soothing strategies, and safe handling when citizens start out or attempt hazardous movements.

Programming in memory care is purpose-built to match cognitive levels. Instead of an arranged lecture, you are most likely to see sensory stimulation, music customized to the resident's age, brief tactile jobs, simple baking activities, or folding laundry as a soothing, purposeful routine. Activities are much shorter, more frequent, and not based on memory retention. Staff comprehend that you may run the very same group 5 times in a week with many of the exact same individuals, which is fine.

Medication oversight is tighter too. Residents typically have numerous psychedelic medications that need cautious timing, particularly for sleep, behavior management, and state of mind. In my experience, excellent memory care units work closely with geriatricians or geriatric psychiatrists and are more proactive about tracking patterns in behavior that recommend a medical issue such as discomfort, infection, or delirium.

Safety expectations are likewise different. In memory care, the group presumes homeowners will forget instructions, misinterpret threats, and stroll into circumstances they would once have actually prevented. The entire environment is constructed for that reality.

The fuzzy zone between the two

Families hardly ever have a cool box to fit their loved one into. I typically hear variations on the very same worry: "Mom is forgetful, however she still dresses herself and has long discussions. Does she actually need memory care?" Or the inverse: "Dad is physically strong and moves quickly. He wanders, however he is not 'that bad' yet. Would assisted living be enough?"

The response beings in a few useful questions.

First, is the individual safe in an environment that is not locked or continuously kept an eye on? If a resident has already opened a door and walked away from home, or has actually left the stove on more than once, it is risky to position them someplace with open exits. Unlike a single-family home, assisted living structures have multiple exits, more traffic, and more opportunities to escape without someone observing immediately.

Second, how does the person react to unknown environments and instructions? Somebody with early dementia who follows prompts and accepts assistance can sometimes succeed in assisted living with a strong memory care program on website for future shift. Someone who ends up being frightened, paranoid, or resistant when they do not recognize a place may do better starting in memory care where the regimen is tighter and staff are utilized to those reactions.

Third, what is the forecasted trajectory? Dementia is progressive. If an individual is simply barely safe for assisted living at move-in, they may quickly cross into needing memory care, and that second move can be disorienting and mentally agonizing. I in some cases motivate households to favor the environment that will still fit the person in 2 years, not just at this moment, specifically if financial resources can sustain the higher level of care.

There are also homeowners in assisted living who technically get approved for memory care but remain where they are because of long relationships with personnel and peers. That can work when the structure is fairly little, staff know the resident deeply, and dangers are manageable. It fails when roaming, aggression, or substantial incontinence become daily realities.

How costs truly compare

On paper, assisted living often costs less than memory care. In practice, the contrast can be misleading if you look only at base rates.

In lots of markets, a personal assisted living house might start in the series of 3,500 to 6,000 dollars each month, in some cases greater in big cities or high-end neighborhoods. Memory care typically begins around 5,000 to 8,000 dollars. These are broad varieties, and some high-end communities charge far more, however they offer you a sense of scale.

Assisted living pricing generally includes lease, standard utilities, some level of activities, and meals. Care is then included tiers or point systems. A resident who needs just medication management might pay a couple of hundred dollars more per month. Somebody who needs extensive aid with bathing, dressing, and mobility may layer on 1,000 to 2,500 dollars or more in care costs. If a resident becomes incontinent, starts to need 2 team member for transfers, or starts calling out frequently in the evening, the regular monthly cost can jump significantly.

Memory care typically looks more expensive in advance, but it often bundles a greater level of care into the base rate. The presumption is that many homeowners will require assist with several day-to-day jobs and will have cognitive disability that requires more extensive guidance. There might still be tiers, but the variety between the most affordable and highest is smaller sized, because everybody is currently beginning at a higher standard of need.

There are less obvious expense elements as well. For example, if you put an individual with moderate dementia in assisted living to "save cash" and they repeatedly wander out or withstand care, the facility might require a one-to-one caretaker for time periods that the household need to spend for, or might notify that the resident must move to memory care. Each crisis, medical facility visit, and short-term service includes cost.



On the other hand, some families select private in-home caregivers combined with adult day programs to delay any relocation at all. In-home care at 25 to 35 dollars per hour for 8 hours a day, 7 days a week, rapidly exceeds 5,000 to 7,000 dollars monthly, not consisting of lease or home upkeep. That may still be worth it for some, especially if a partner deeply wants to keep their partner at home and has the resources to do so.

One more angle is how long someone will live at that care level. If a relatively healthy person with moderate dementia goes into memory care, it is not unusual for them to live several years, often more than 5 or 7. If financial resources are tight, even a 500 dollar month-to-month difference in between assisted living and memory care adds up to tens of thousands over the overall stay. That is a real trade-off, and families require clear forecasts rather than wishful thinking.



Insurance, public advantages, and what they actually cover

A typical surprise for families is discovering that traditional Medicare does not pay for assisted living or memory care room and board. It may cover doctor visits, therapy, and some medical materials, however not the core residential cost.

Some long-term care insurance policies do help with both assisted living and memory care, however just if the policy language clearly covers "assisted living facilities" or "residential care facilities" and if the resident meets specified criteria for requiring assist with activities of daily living or for cognitive impairment. It is crucial to review the policy years before you need it if possible, and once again at the time of claim, since misunderstandings about waiting durations, day-to-day advantage maximums, and inflation riders can thwart planning.

For veterans, Aid and Presence benefits can contribute significant month-to-month assistance that can be applied to assisted living or memory care. These programs include paperwork and eligibility criteria, but when they fit, they can make the distinction in between barely managing and having enough to select an appropriate setting.

Medicaid coverage is complex and highly state-specific. Some states have Medicaid waivers that help spend for assisted living or memory care, but not all structures accept them, or there might be limited designated systems. Even when offered, the process to certify can take months, and some communities require a minimum duration of personal pay before accepting a Medicaid shift. Planning around this reality is a key part of accountable monetary decision-making, instead of assuming that "Medicaid will action in later" without checking.

Services and staffing: what to look for beyond the brochure

When picking in between assisted living and memory care, focus less on abstract labels and more on what a day would in fact feel and look like for your family member.

Ask how medication administration works. In some structures, med passes are rushed, with one nurse covering a large flooring. In others, there is enough staff to invest a moment with each resident, examine their swallowing, and notification agitation or confusion.

Observe dining. In assisted living, citizens normally walk or wheel into the dining room, read menus, and location orders. In memory care, personnel may use image menus, pre-plated meals, or one-to-one help at the table. See whether residents are consuming or just pressing food around. Food consumption is frequently the first thing to degrade when a person is overwhelmed.

Activity calendars can be misleading. Fifteen products printed on a page do not mean fifteen meaningful experiences. Look at whether staff really lead activities, or if citizens are clustered around a television most of the time. In great memory care programs, you see personnel appealing locals throughout shifts: folding towels in between meals, strolling with them in the halls, using hand massages, and using music not just throughout "music hour" however throughout the day.

Staff turnover is another quiet marker. High turnover breaks connection, specifically for residents with dementia who rely on familiar faces and voices. It is affordable to ask the [assisted living near me](#) director how long their core care personnel have actually existed, and what they do to keep them.

Finally, ask openly how the building decides a resident is no longer proper for that level of care. A sincere director will describe particular triggers: duplicated wandering events, regular physical aggressiveness, unrestrained habits during the night, or medical intricacy beyond their license. You want to know whether the most likely future of your loved one fits within that building's convenience zone.

How respite care suits the picture

Respite care is short-term remain in an assisted living or memory care setting, usually from a couple of days to a few weeks. Families frequently consider it only as a break for the caregiver, however it can serve several purposes in the choice process.

For caretakers who are on the fence, a respite stay can operate as a trial run. An individual with mild dementia might go into assisted living respite while their primary caretaker travels. If they adjust well, engage in activities, and show no security concerns, that tells you one story. If they end up being highly nervous, try to leave, or need more hands-on aid than anticipated, personnel might gently suggest that memory care would fit better if a move becomes permanent.

Respite care in memory systems is equally important. It enables staff to assess how an individual with dementia functions in a structured environment. I have actually seen families choose not to move on with long-term positioning due to the fact that the respite stay exposed that the individual was doing far better at home than they understood, or alternatively, since it ended up being crystal clear how much stress the main caretaker was under.

From a simply human angle, respite care protects caregivers from burnout. A partner caring for somebody with dementia in your home typically disregards their own health. A week or 2 of respite can give them time for medical consultations, sleep, and psychological rest, which in turn might extend the duration they can securely continue home care.

Financially, respite is usually billed at a day-to-day rate that consists of room, board, and care. The per-day cost is greater than the equivalent regular monthly rate, however because the stay is brief, it can still be workable. Some long-term care policies compensate respite, however it depends upon the agreement language.

An easy contrast you can keep in your head

List 1: Key differences between assisted living and memory care

1. Safety style: Assisted living is typically unsecured, with citizens anticipated to remain in safe areas voluntarily. Memory care utilizes secured doors, enclosed courtyards, and simplified designs to manage wandering threat.
2. Staffing intensity: Assisted living frequently has greater resident-to-staff ratios and more self-reliance. Memory care provides more hands-on aid and habits management training.
3. Program focus: Assisted living activities assume some memory, attention, and self-direction. Memory care activities are much shorter, repeated, sensory-based, and adapted for cognitive loss.
4. Cost structure: Assisted living normally begins lower however can climb with added care needs. Memory care begins higher but often bundles more services.
5. Appropriateness: Assisted living fits those who can participate in their own safety and comprehend fundamental cues. Memory care fits those with moderate to innovative dementia, roaming, or behavioral symptoms.

This psychological checklist is not ideal, however it anchors your thinking as you meet with communities.



Emotional realities and household dynamics

Elderly care choices hardly ever depend upon realities alone. Guilt, promises made years earlier, sibling arguments, and generational expectations all form what feels acceptable.

Many adult children battle with the concept of locking doors around a parent. Relocating to memory care feels like an action that admits the dementia is "that bad." Others associate memory care with the most sophisticated phases they have seen, perhaps a relative who no longer acknowledged anybody. Positioning a still-recognizable, conversational parent in that environment feels premature.

On the other hand, caretakers in the house, often partners in their seventies or eighties, might minimize risk out of love and routine. "He just wandered when." "She only gets aggressive when she is tired." They remember the complete individual, not just the illness. When I sit with them, I attempt not to argue with their memories. Rather, we speak about concrete dangers and what a normal week is like now, hour by hour. The level of fatigue that surface areas in those discussions typically alters their perspective.

Siblings can disagree, especially if one lives close-by and brings more of the daily load. The far-off brother or sister may favor assisted living to preserve independence, not completely comprehending just how much behind-the-scenes guidance the regional caretaker is supplying. Sometimes a structured respite stay reveals the ground truth more clearly than any household discussion.

It assists to remember that a move to assisted living or memory care is not a failure of love. It is a change in the care setting when the home environment can not safely or sustainably fulfill the person's requirements. Framing the relocation as a shift from "doing it all yourself" to "leading the care group" can assist families reorient.

Questions to ask when visiting communities

List 2: Practical questions to assist your visits

1. "Explain a resident who is not appropriate for this level of care. What occurs when somebody reaches that point?"
2. "What is your typical staff-to-resident ratio on days, evenings, and nights, and how often do you utilize firm personnel?"
3. "How do you support residents who roam, withstand bathing, or end up being agitated? Can you give recent examples?"

4. "If my parent's dementia advances, can they stay in this building, or would they need to transfer to another location?"
5. "What increases in month-to-month expense should I anticipate as care requires change, and can you reveal real examples of present resident cost structures, with names gotten rid of?"

The objective is not to catch anybody out, however to draw out concrete descriptions instead of general reassurances.

Matching setting to real-world situations

Different situations require different choices, even when medical diagnoses look comparable on paper.

A widowed parent with early-stage dementia, still driving but significantly lonely and missing doses of medication, might thrive in assisted living, particularly one with a strong memory clinic neighboring and structured activities. The social engagement and regular meals can slow functional decline.

By contrast, a physically robust person with moderate Alzheimer's who has currently wandered from home more than as soon as, ends up being suspicious in the evening, and occasionally lashes out when confused, is typically more secure in memory care from the beginning, even if they can presently shower or dress with only prompting.

If a frail spouse with multiple medical problems and early dementia lives with a partner in their eighties who manages relatively well but is overwhelmed by hands-on care, a hybrid plan may assist: in-home caregivers throughout the day, adult day memory programs a number of days a week, and arranged respite care in memory units a few times a year. That pattern frequently extends the duration they can stay together at home before thinking about long-term placement.

There are also times when medical complexity eclipses the cognitive problem. Someone on frequent oxygen, persistent IV prescription antibiotics, or needing knowledgeable injury care may require a nursing center despite whether dementia is present. Assisted living and memory care are not alternatives to skilled nursing when the clinical requirements are that high.

Bringing everything together

Choosing in between assisted living and memory care is less about going after the best option and more about discovering the setting that finest aligns with the individual's safety needs, character, disease trajectory, and financial reality. What matters most is the quality of the care team, the fit in between the environment and the individual's behavior patterns, and the sustainability of the plan for both the resident and the family.

Respite care, conversations with doctors who comprehend geriatric and memory disorders, and candid talks with facility directors often clarify the path. Families who do best are not the ones who discover a magic service, however the ones who stay open up to adjusting the strategy as the disease evolves.

Senior care and elderly care are long journeys, not single decisions. When you pick an assisted living or memory care setting, you are not locking in your fate. You are picking the next ideal action in a procedure that will keep unfolding. If you ground that action in clear information, sincere self-assessment, and regard for the person's self-respect and safety, you are on strong footing.

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
BeeHive Homes of Crownridge Assisted Living offers housekeeping services
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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
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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 Google Maps listing <https://maps.app.goo.gl/YBAZ5KBQHmGznG5E6>
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BeeHive Homes of Crownridge Assisted Living has Instagram <https://www.instagram.com/sweethoneybees19>
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?

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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

<https://www.instagram.com/sweethoneybees19>

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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?

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](#)

You might take a short drive to the [San Antonio River Walk](#). The River Walk presents a pleasant destination for residents in assisted living or memory care at BeeHive Homes of Crownridge to enjoy a calm, scenic outing with caregivers or visiting family