

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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A great memory care home is not merely a much safer address. It is a healing environment where routines, personnel abilities, and structure design all work together to reduce distress, support staying abilities, and provide households back the function of child, boy, or partner rather than full-time crisis manager. Picking that home requires more than a fast tour and a cost sheet. It takes a clear-eyed inventory of needs, a grasp of trade-offs, and a plan for assessing what you can not see at first glance.

I have actually sat with families at cooking area tables and in medical facility discharge lounges sorting through these options. The pattern repeats: a crisis, a scramble, then months invested relaxing a hasty decision. The steadier course starts previously, even if a move is months away. What follows is the process I use, with information you can adjust to your household's situation.

Map the requirements before you call a single community

Start with today's realities, not what you hope will enhance. Dementia care is vibrant, and the ideal fit depends on specific behaviors, medical comorbidities, and the abilities required throughout a full day, not simply during the simple hours.

Consider how your loved one does with bathing, dressing, toileting, and eating. Keep in mind where help is hands-on versus cueing only. Note the habits that increase danger or distress: wandering, exit seeking, agitation at sundown, resistance to care, sleep turnaround. Medical conditions matter too. Diabetes with insulin, oxygen dependence, chronic kidney illness, cardiac arrest, or a history of falls can narrow choices because some memory care homes are not certified or staffed to manage intricate medical needs.

Timing shapes quality. If you can, avoid searching from a medical facility bed. Transitions stick better when the individual with dementia is medically steady, sleeping reasonably well, and getting in a home where the care

group has time to discover their rhythms. If a move is forced by a risky circumstance, prioritize communities with specialized intake teams who can stabilize habits and team up rapidly with the main clinician.

Know the distinctions: assisted living versus a dedicated memory care home

Families often start with assisted living due to the fact that it feels familiar, like an apartment or condo with aid. Many assisted living communities likewise operate a secured memory care wing, sometimes called a neighborhood. The fit depends on your loved one's signs, the building design, and the team's training.

Assisted living works best for those who are socially engaged, still follow hints, and need minimal support. Hallways are longer, houses are larger, and staff often look after citizens with a broad range of needs. In contrast, a purpose-built memory care home shortens distance in between bedroom, bathroom, and common spaces, uses visual hints to minimize confusion, and allows complimentary motion within a protected perimeter. The personnel get extra dementia-specific training and the everyday schedule blends structure with flexibility.

Some households fear a secured system means a loss of flexibility. In practice, the right memory care home typically provides more significant autonomy since the environment is engineered for it. Your loved one can walk securely, join activities without complex sign-ups, and consume when hungry instead of at a single sitting. The trade-off is apartment size and privacy. Spaces are smaller sized, and doors might be purposefully open throughout the day for observation. If roaming and exit seeking are regular, a devoted memory care home usually provides a much better safety and quality formula than a general assisted living setting with periodic checks.

Get truthful about spending plan and how payment truly works

Sticker shock is common. Nationally, standalone memory care prices typically varies from approximately 5,000 to 10,000 dollars monthly, sometimes greater in seaside cities. Assisted living with dementia care add-ons might begin near 4,000 and scale with care needs. Pricing designs vary: some neighborhoods bundle care into tiers, others charge a base rent plus detailed care points. 2 quotes that look comparable can diverge by 1,000 dollars or more once care levels, incontinence supplies, and medication management fees are added.

Medicare does not spend for room and board in a memory care home. It covers time-limited skilled services such as physical treatment, nursing visits, and hospice, which can be provided in the home. Medicaid coverage is state-specific. Lots of states run waiver programs that aid with assisted living and memory care expenses, but involvement is capped and waitlists prevail. Veterans and surviving spouses might qualify for Aid and Attendance benefits. Long-term care insurance can offset a considerable part if the policy covers assisted living or memory care and the benefit triggers are fulfilled. Ask directly whether the community accepts Medicaid after a personal pay period, and if so, for how long the spend-down expectation is. If they do not, prepare for what occurs when funds run low.

The humane financial strategy consists of buffers for surprises. Falls, infections, or hospitalizations can briefly need one-to-one guidance or transportation. Anticipate incidental expenses: incontinence products, foot care, hairstyles, mobile dentistry, and occasional sitter hours for medical visits. If the community requires you to work with personal task aides in certain scenarios, understand the hourly rates and minimum shifts in your market.

Build a shortlist with location, licensure, and performance history in mind

Start close enough for regular visits, at least in the first months. A 20 to 40 minute drive can be a sweet area in city locations. Proximity matters not only for benefit but likewise due to the fact that households who show up frequently tend to catch small concerns early.

Verify licensure and evaluation history through your state's health department or licensing firm. States utilize various labels for memory care home types, but a lot of release study results and grievance histories online. A tidy record does not ensure excellence, and a shortage does not guarantee bad care. Check out the details. A repeated pattern of medication errors or insufficient staffing is worthy of weight.

Talk to professionals who see numerous neighborhoods from the within: hospital case supervisors, home health nurses, physical therapists, and geriatric care managers. Ask which puts deal with tough behaviors without reflexively sending out residents to the emergency room. When they lower their voice a notch and state, that group can hold the line when things get hard, listen.

Prepare for tours that reveal how care is really delivered

Fancy lobbies can sidetrack from the floors where life occurs. Trips ought to include hallways, dining rooms, activity spaces, outside areas, and a common resident room. Attempt to visit at different times, such as late afternoon when sundowning can peak.

Use these five concerns as your pre-tour list:

- How lots of homeowners are in the memory care unit, what are typical staff-to-resident ratios by shift, and who is on site overnight?
- What dementia-specific training do all staff receive before working alone, and the number of hours of yearly continuing education are required?
- How are behaviors evaluated and resolved, and who decides when to change a care plan or call a physician?
- How are medications administered and fixed up at move-in, and who covers after-hours medication needs or urgent refills?
- What takes place if a resident falls, tries to leave, declines care, or is hospitalized, and what are the limits for discharge or transfer?

Ratios differ by state guidelines and business policy. In many well-run memory care homes, you will hear daytime ratios near one caretaker for six to eight locals, with a nurse on website or on call, and nighttime ratios better to one for ten to twelve. Training depth matters as much as hours. Excellent programs go beyond slide decks to role-playing, watching, and training on how to approach individual care without triggering resistance.

Watch the micro-interactions. Do staff speak to citizens at eye level, call them by chosen names, and deal options framed simply? Is the environment noisy and disorderly or calm with purposeful activity? Are there locals parked in hallways without engagement? Odors tell stories. Intermittent short odors take place, lingering sour or urine smells across several visits recommend staffing or systems issues.

Look for small environmental cues: contrasting toilet seats that enhance presence, memory boxes outside bedroom doors, natural light in common rooms, safe and secure access to an outside courtyard. Ask about laundry practices. Blending all resident clothes together is faster, but tailored laundry decreases loss and respects dignity.

Probe medical scope and partnerships

Dementia rarely travels alone. If your loved one has Parkinson's illness, prior strokes, insulin-dependent diabetes, or a feeding tube, validate whether the memory care home can manage those needs under its license. Ask how they collaborate with external suppliers: mobile x-ray, wound care, podiatry, psychological health, and hospice. When habits intensify, do they automatically send citizens to the emergency situation department, or can they support with in-house medical assistance and medication adjustments ordered by a familiar clinician?

Medication management is another pressure point. Mistakes frequently cluster at move-in when blister loads modification, as-needed drugs are reordered, or a caregiver misreads an old tablet bottle. A strong memory care team owns the medication reconciliation procedure, calls the prescribing clinician to clarify, and develops a mentor plan for personnel on any high-risk medications such as anticoagulants, antipsychotics, and insulin.

If your loved one is approaching late-stage dementia, check out hospice now. Hospice can work alongside memory care to handle signs, offer devices, and support the family. Ask whether the neighborhood invites hospice groups and how they collaborate on after-hours needs.

Culture fit matters as much as scientific fit

Two memory care homes might provide similar services on paper and feel completely different. Culture appears in the rhythms of a day. Are showers forced at 7 a.m. Due to the fact that the schedule states so, or shifted to 2 p.m. Because that is when your dad is unwinded after lunch? Is breakfast plated for everybody at once, or can early risers eat at 6:30 a.m. While late sleepers enjoy a warm meal at 9:30?

Dining is a window into dignity. Modified diets ought to be attractive and safe, not beige mush. Staff who sit for a few minutes and share a bite design the rate and social tone that assists locals stay engaged. Try to find versatile seating that decreases overstimulation, finger-food options for those who roam, and a prepare for hydration beyond a single cup at mealtimes.

Activities need to match cognitive phases and individual history. A generic bingo hour is less important than a music session that take advantage of memory, a short gardening job that uses long-held skills, or a simple task like folding towels that provides purpose. The best programs deal with residents as individuals with pasts, not patients with symptoms.

Family interaction is not a newsletter, it is a reputable two-way loop. Ask how and when the team updates families, who you call first if something feels wrong, and how care plan meetings are scheduled. A home that invites unannounced visits and reacts rapidly to small issues is more likely to capture big problems early.

Spot the warnings and the true green lights

When you minimize everything you see and hear into a couple of signs, patterns become clearer. Utilize these paired examples to calibrate your gut.

- Red flag: Staff can not inform you specific resident routines or preferences and state, we do showers on Mondays and Thursdays. Thumbs-up: Personnel rattle off individual details effortlessly and explain how they flex care, we found out Mr. Ortiz chooses a warm washcloth on his neck before shaving, so we begin there and he smiles.
- Red flag: Activity calendars are loaded, but you see couple of individuals engaged and a number of asleep in front of a TELEVISION. Thumbs-up: A calmer schedule with small group or one-to-one activities underway, and staff who gently invite, not pressure.
- Red flag: Repetitive alarms at exit doors and an employee shouting, Wait, do not go there. Green light: Less dependence on piercing alarms, with visual barriers, meaningful destinations inside the system, and

personnel who redirect with connection rather than commands.

- Red flag: Protective responses to incident reports or medication mistakes, framed as, families sign a threat type. Thumbs-up: Transparent incident reviews, proactive calls, and clear plans to minimize recurrence.
- Red flag: Agreements with broad discharge stipulations about being a risk to self or others, with little uniqueness. Green light: Clear, behavior-based criteria for retention or transfer, and a documented process for step-up assistance before any discharge.

Read the agreement like it manages your future, since it does

The glossy brochure is marketing. The residency arrangement governs reality. Focus on three areas: care level changes, discharge criteria, and rate adjustments. Tiered care designs often include periodic reassessment that can activate charge increases. Ask who carries out assessments, how typically, and whether you can take part. Scrutinize stipulations about two-person assists, incontinence, or roaming that might push your loved one into a higher tier.

Discharge language is worthy of special attention. Numerous arrangements enable the community to ask a resident to leave for safety or nonpayment. What does safety suggest in practice? Request examples. Get clarity on notice periods and refunds. If the community is personal pay only, and your budget plan counts on a home sale or long-term care insurance coverage compensations, validate timelines and whether late payments incur penalties.

State regulations describe homeowners' rights, but enforcement differs. If you do not understand a clause, request plain-language explanations in composing. A credible memory care home will invite your questions and respect your caution.



Plan the transition as a clinical and psychological process

A relocate to a memory care home is as much about trust as it has to do with logistics. The much better the handoff, the fewer rocky weeks you will endure.

Line up physician orders early, including existing medications with dosages and signs. Deal with the neighborhood nurse to complete medication reconciliation, preferably with the main clinician on a call. If your loved one utilizes a drug store with delivery hold-ups, consider the community's favored drug store for the very first month to avoid gaps.

Personalize the space with familiar however not cluttered items. One or two cherished images, a preferred blanket, the very same reading lamp from home. Keep furniture scaled to the space with clear walking lines. Label clothing and bring extras. Comfy, non-slip shoes matter more than good ones.

Move in day goes best when it is not a surprise yet likewise not disputed endlessly. For some, a mild restorative fib smooths the transition, for example, we are here for a stay while your house is being worked on. Stay enough time to develop a calm start, then let staff take the lead. Lingering for hours can heighten distress. Strategy a brief visit later that day or the next morning to enhance that you are present and your loved one is safe.

Expect an acclimation duration that can extend from days to a couple of weeks. Appetite may dip, sleep may be unpredictable, and behaviors can increase. This does not suggest it was the incorrect decision. It suggests modification is tough for a damaged brain. Daily check-ins with the nurse and an arranged care huddle at the end of week one can calibrate strategies.

Monitor results, not guarantees, in the first 90 days

Families who stay engaged after move-in tend to get better outcomes. Track a few basic markers: weight, falls, sleep, variety of as-needed medications utilized, and involvement in a minimum of one enjoyable activity daily. If your loved one is on antipsychotics or sedatives, ask for the precise dosing and the behavior targets. Any new psychotropic ought to have a start date, a reassessment strategy, and a taper discussion.

Attend [memory care home](#) the first care plan meeting personally if possible. Bring your observations and a short list of priorities, such as reducing nighttime uneasiness or enhancing hydration. Share particular soothing methods that worked at home, preferred songs, hobbies, or faith practices. In time, you must see less crises and more stretches of calm. If not, ask what the team will try next. Excellent dementia care iterates.

A brief case vignette to highlight trade-offs

Mrs. Liang, a retired tailor with moderate Alzheimer's disease, coped with her child in a two-story home. She roamed at night, withstood showers, and had actually improperly controlled diabetes. The daughter wanted a small assisted living near her workplace. The structure was charming, the home spacious, and the price lower than a dedicated memory care home 10 minutes farther away.

On paper, the assisted living could accommodate cueing for hygiene and insulin injections. During the tour, we saw long hallways and no secured courtyard. Staff were kind however brought heavy projects throughout numerous floors. The memory care home felt less grand however had brief sightlines, a quiet rhythm at 4 p.m., and a nurse who explained how they used warm washcloths and music throughout bathing. They partnered with a mobile endocrinology service and had a standing procedure for nighttime wandering that did not count on alarms.

Three months after choosing the memory care home, Mrs. Liang's A1C improved and night walking reduced. Showers moved to early afternoon after tai chi music. The child visited 3 times a week, in some cases bringing fabric squares to fold, and she discovered fewer swellings and more smiles. The house would have been prettier. The outcome was much better where the environment and personnel abilities matched the behavior patterns.

Edge cases that need unique handling

Young start dementia presents special obstacles. Homeowners in their 50s or early 60s have more physical energy, more powerful voices, and various interests. Ask specifically whether the memory care home has

experience with more youthful homeowners and how they adjust activities. A peaceful system tailored to late-stage residents might annoy a younger individual and trigger more behavioral issues.



Wandering with elopement efforts raises the stakes. Look beyond locked doors to the general style. Good memory care homes use circular strolling courses, destinations like a garden or workbench, and discrete access control that does not promote exits. Ask how many effective elopements took place in the past year, how personnel reacted, and what changed afterward.

Bilingual needs can be the difference in between agitation and calm. If your loved one goes back to a first language, look for staff who can interact in it or imaginative assistances such as bilingual activity leaders and hint cards. Food that matches cultural preferences is not a luxury in dementia care, it is a care tool.

Couples often wish to move together, even if only one partner requires memory care. A few communities permit shared rooms in the memory care unit, others collaborate throughout assisted living and memory care with linked regimens. Weigh the benefits of togetherness against the healthy partner's need for rest and social outlets. It is appropriate, and typically wise, to prioritize the security and well-being of both rather of forcing a single solution.

Pets can relieve or stress. Some memory care homes welcome little animals owned by the resident if family manages veterinary care and grooming. More typically, neighborhoods use treatment animals on scheduled visits. If a long-lasting pet is main to identity, ask early about policies and whether an imaginative happy medium exists.

When the family disagrees

Disagreement is typical. Siblings who live out of state sometimes push for more home care, while the primary caretaker sees installing fatigue and risks. Generate an unbiased voice. A geriatric care supervisor or social worker can examine care needs and home security, then present alternatives with advantages and disadvantages. Frame the choice around the individual's benefits and measurable outcomes, not guilt or guarantees made years ago when circumstances were different.

If your loved one can still express preferences, include them in manner ins which do not overwhelm. Options like room decoration or meal choices provide agency without placing the burden of the carry on their shoulders. Keep discussions simple and compassionate.

The quiet tests that matter most

A memory care home earns trust by how it handles the unplanned. Ask each place to tell you about a tough week. Listen for specifics, not platitudes. Focus on how they talk about locals and households when they think you are not listening. If a caretaker stops to adjust a sweatshirt on someone who is cold, if a housekeeper welcomes locals by name, if a nurse confesses a mistake and outlines a repair, you are seeing the culture that will carry your loved one through the hard days.



Selecting a memory care home is not about discovering perfection. It has to do with choosing a group and an environment that can meet your loved one where they are, adapt as requirements change, and treat everybody included with respect. Start with needs, verify the scope, test the culture, and secure the basics in composing. Then offer the brand-new routine time to settle. When the fit is right, you will discover less emergencies, more ordinary moments, and a steadier variation of family life returning.

BeeHive Homes of Crownridge Assisted Living has license number of 307787

BeeHive Homes of Crownridge Assisted Living is located at 6919 Camp Bullis Road, San Antonio, TX 78256

BeeHive Homes of Crownridge Assisted Living has capacity of 16 residents

BeeHive Homes of Crownridge Assisted Living offers private rooms

BeeHive Homes of Crownridge Assisted Living includes private bathrooms with ADA-compliant showers

BeeHive Homes of Crownridge Assisted Living provides 24/7 caregiver support

BeeHive Homes of Crownridge Assisted Living provides medication management

BeeHive Homes of Crownridge Assisted Living serves home-cooked meals daily

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BeeHive Homes of Crownridge Assisted Living is described as a homelike residential environment

BeeHive Homes of Crownridge Assisted Living supports seniors seeking independence

BeeHive Homes of Crownridge Assisted Living accommodates residents with early memory-loss needs

BeeHive Homes of Crownridge Assisted Living does not use a locked-facility memory-care model

BeeHive Homes of Crownridge Assisted Living partners with Senior Care Associates for veteran benefit assistance

BeeHive Homes of Crownridge Assisted Living provides a calming and consistent environment

BeeHive Homes of Crownridge Assisted Living serves the communities of Crownridge, Leon Springs, Fair Oaks

Ranch, Dominion, Boerne, Helotes, Shavano Park, and Stone Oak

BeeHive Homes of Crownridge Assisted Living is described by families as feeling like home

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BeeHive Homes of Crownridge Assisted Living earned Best Customer Service Award 2024

BeeHive Homes of Crownridge Assisted Living placed 1st for Senior Living Communities 2025

People Also Ask about BeeHive Homes of Crownridge Assisted Living

What is BeeHive Homes of Crownridge Assisted Living monthly room rate?

Our monthly rate depends on the level of care your loved one needs. We begin by meeting with each prospective resident and their family to ensure we're a good fit. If we believe we can meet their needs, our nurse completes a full head-to-toe assessment and develops a personalized care plan. The current monthly rate for room, meals, and basic care is \$5,900. For those needing a higher level of care, including memory support, the monthly rate is \$6,500. There are no hidden costs or surprise fees. What you see is what you pay.

Can residents stay in BeeHive Homes of Crownridge Assisted Living until the end of their life?

Usually yes. There are exceptions such as when there are safety issues with the resident or they need 24 hour skilled nursing services.

Does BeeHive Homes of Crownridge Assisted Living have a nurse on staff?

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What are BeeHive Homes of Crownridge Assisted Living & Memory Care visiting hours?

Normal visiting hours are from 10am to 7pm. These hours can be adjusted to accommodate the needs of our residents and their immediate families.

Do we have couple's rooms available?

At BeeHive Homes of Crownridge Assisted Living & Memory Care, all of our rooms are only licensed for single occupancy but we are able to offer adjacent rooms for couples when available. Please call to inquire about availability.

What is the State Long-term Care Ombudsman Program?

A long-term care ombudsman helps residents of a nursing facility and residents of an assisted living facility resolve complaints. Help provided by an ombudsman is confidential and free of charge. To speak with an ombudsman, a person may call the local Area Agency on Aging of Bexar County at 1-210-362-5236 or Statewide at the toll-free number 1-800-252-2412. You can also visit online at https://apps.hhs.texas.gov/news_info/ombudsman.

Are all residents from San Antonio?

BeeHive Homes of Crownridge Assisted Living & Memory Care provides options for aging seniors and peace of mind for their families in the San Antonio area and its neighboring cities and towns. Our senior care home is located in the beautiful Texas Hill Country community of Crownridge in Northwest San Antonio, offering caring, comfortable and convenient assisted living solutions for the area. Residents come from a variety of locales in and around San Antonio, including those interested in Leon Springs Assisted Living, Fair Oaks Ranch Assisted Living, Helotes Assisted Living, Shavano Park Assisted Living, The Dominion Assisted Living, Boerne Assisted Living, and Stone Oaks Assisted Living.

Where is BeeHive Homes of Crownridge Assisted Living & Memory Care located?

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

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BeeHive Homes of Crownridge Assisted Living & Memory Care is just a short drive away from The Shops at La Cantera a major shopping & dining center in the area. Offering convenient shopping and dining options ideal for senior care families looking for easy-access retail and respite care outings. [San Antonio Texas](#).