

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 seldom take a seat to map out senior living choices when everybody is healthy and independent. The discussion usually begins after a fall, a hospitalization, or a scare that makes it difficult to disregard what aging is doing to a loved one's body, memory, or state of mind. By then, options feel rushed, lingo begins to blur together, and every brochure seems to guarantee "safety and self-respect" without describing what life actually looks like.

I have actually invested many years sitting with older grownups and their families at precisely that point. I have viewed individuals thrive because they moved early, when they still had energy to construct brand-new routines and friendships, and I have likewise watched families delay till a move needed to occur within 48 hours after a stroke. The goal of this guide is simple: provide you a clear, practical view of the continuum of senior care and elderly care, from active self-reliance to high medical requirement, so your decisions feel notified rather than reactive.

The senior living landscape in plain language

The very first issue households run into is vocabulary. "Senior care" can mean anything from a weekly cleaning company to a locked memory care system. Various states control these settings under different laws, and marketing departments are not shy about extending terminology.

Most choices fall along a rough spectrum of support:

Independent living

Assisted living Memory care Skilled nursing and rehabilitation Hospice and palliative care

Threaded through all of those are services such as home care, respite care, and adult day programs, which can either delay a move or make a relocation more sustainable.

What matters most is not the label on the door. What matters is the match in between a person's abilities and requires on one hand, and the environment, staffing, and culture of a specific setting on the other.

Start with the individual, not the brochure

Before you compare assisted living with nursing homes, pause and look carefully at the person in front of you. 2 people with the same medical diagnosis can need extremely different types of assistance. One 85 year old with heart failure might still drive, cook, and manage medications, while another ends up being breathless crossing a room and requires aid with every shower.

A practical starting point is to make a note of, in one honest sitting, what your loved one can do safely and consistently without help. Not on their finest day, not if you call to remind them, but on a regular Tuesday when nobody is viewing. Concentrate on 3 locations: physical function, cognition, and social/psychological needs.

Physical function indicates walking, standing from a chair, toileting, bathing, dressing, managing stairs, and handling home tasks such as laundry or light cooking. Usage specific examples. "Needs help getting out of tub each time" tells you more than "bathes with support."

Cognition covers memory, problem-solving, security awareness, and the ability to follow multi-step instructions. Forgetting where the vehicle is parked is an annoyance. Forgetting to turn off the stove or leaving the front door wide open overnight is a safety problem. Take notice of patterns, not one-off lapses after a bad night's sleep.

Social and mental requirements are often undervalued. A widowed 78 years of age who has lost her license may be physically efficient in living alone however quietly depressed and lonely, enjoying television for 12 hours a day. Another person may be more shy and completely material with minimal interaction if books and music are offered. Anxiety, fear, or serious grief can impact safety as much as a weak hip.

Families that take time to map these three domains generally wind up selecting much better than households who begin with "What can we pay for?" or "Which place looks best?"

Aging in place: when staying at home still works

For numerous older grownups, the favored alternative is simple: stay home as long as possible. With the right supports, aging in place can be really effective, especially in the earlier years of decline.

The foundation of safe aging in location normally consist of home modifications, at home senior care, and thoughtful use of innovation. Adjustments range from grab bars and raised toilet seats to stair lifts or converting a tub to a walk-in shower. The cost differs widely, however small modifications can significantly decrease falls. I have seen a \$50 shower chair avoid repeat emergency room visits from a single slippery tub.

Home care can be either non-medical or medical. Non-medical caregivers aid with cooking, bathing, light housekeeping, errands, and companionship. They are frequently the first official support a family generates. Medical home health services, typically covered by insurance coverage after a qualifying occasion, supply nurses, physical therapists, physical therapists, and social employees for time-limited episodes such as after a hospitalization.

The primary benefits of aging in place are familiarity, control over regular, and the psychological value of remaining in a long-time home. The dangers grow when cognitive impairment, frequent falls, or complex medications go into the picture. The line between "with some assistance, this is safe" and "we are depending on luck" can be thin. Families should revisit this choice every few months, or quicker after any substantial modification such as a fall, wandering episode, or cars and truck accident.

Aging in location is not an all-or-nothing choice. Many individuals use respite care stays in a neighborhood for a week or two at a time to provide family caregivers a break or test how their loved one endures a various setting.

Independent living neighborhoods: flexibility with a safety net

Independent living is often the first formal step far from a single-family home or apartment or condo. These neighborhoods are designed for active senior citizens who can manage their own individual care however want much easier living, more social contact, or fast access to help if needed.

Most independent living plans look like apartments or small cottages within a school that provides shared dining, housekeeping, transport, and activities. Some belong to big continuing care neighborhoods that likewise consist of assisted living and nursing facilities on the same grounds. Others are stand-alone structures with a more limited variety of services.

In my experience, independent living works best for older grownups who:

- Still handle their own medications and finances.
- Walk safely with or without a cane or walker.
- Do not have significant wandering, paranoia, or agitation from dementia.
- Want social chances but do not require daily prompting to eat, bathe, or get dressed.

That line above is the first list in this article. It matters here due to the fact that it is simpler to scan as a fast "in shape check" than to bury in paragraphs.

The advantages are genuine. People often eat better once they move since they are no longer cooking just for themselves. Seclusion drops due to the fact that the barrier to social contact is low: walk down the hall for coffee, join a workout class on website, being in the lobby and chat. Housekeeping and maintenance stop providing stress.

The risks originate from assuming that independent living staff will supply the same level of help as assisted living. They do not. If someone starts to miss out on meals because of early dementia, forgets to utilize their walker, or stops taking medications, staff may see informally, but they are not required to supply hands-on care. Families need to remain involved, at least through regular visits and conversations, so subtle decreases do not go unnoticed.

Assisted living: support for day-to-day life

Assisted living is where numerous older grownups initially experience the formal term "elderly care." The goal is to support individuals who can not securely handle all activities of daily living by themselves but do not yet require 24-hour nursing care.

Typical services in assisted living consist of assist with bathing, dressing, grooming, toileting, and medication management. The majority of homeowners receive at least some help with two or 3 of those activities. Meals are typically offered in a dining-room, and personnel inspect that citizens show up. Lots of structures have nurses, but staffing ratios and credentials vary widely by state and by company.

Fees in assisted living can be complex. Some communities use "all inclusive" prices, while others use a base rate plus levels of care that increase as requirements grow. Families are often surprised when expenses increase greatly after a hospitalization, due to the fact that their loved one now needs assist with transfers, toileting, or two-person support for mobility.

A core strength of assisted living is flexibility. A resident may only need suggestions and a light touch of assistance after a hospitalization, then gain back independence with outpatient therapy. Another might gradually move from minimal help with showers to full support with dressing and toileting over a number of years. Good neighborhoods change care strategies frequently and involve the household when needs change.

On the other hand, assisted living is not a locked or medical environment. Homeowners can go out the front door. They can make bad choices if judgement is impaired. If an assisted living structure declares it can "do whatever" a nursing home does, ask particularly about staffing ratios, overnight protection, and the highest level of care they realistically manage: two-person transfers, feeding assistance, oxygen, complex medications, or substantial behavioral challenges.

Memory care: structure and safety for individuals living with dementia

Memory care systems are specialized environments for people with Alzheimer's disease and other dementias who require more guidance and structure than basic assisted living can safely provide. They are typically safe units within a larger building or entirely separate neighborhoods designed around smaller, more regulated spaces.

The personnel in a well run memory care neighborhood are trained to manage typical dementia-related difficulties: roaming, agitation, resistance to bathing, suspicion, and repetitive questioning. Daily regimens are frequently more structured, with activities tailored to cognitive level, and the physical design is designed to decrease confusion and offer safe walking paths.

Families in some cases withstand memory care since they fear it signifies a "point of no return." In practice, I have actually seen individuals with moderate to innovative dementia in fact become calmer in memory care than in standard assisted living. Less choices, a consistent regimen, and personnel who expect and comprehend repetitive habits can reduce anxiety for everyone.

It is important to match the stage of dementia to the community. Some structures market "memory support" within an assisted living flooring, which may work early in the illness. Others are constructed for locals who are totally incontinent, mostly nonverbal, and require comprehensive support. Ask direct concerns about who they accept, who they discharge, and how they deal with aggressiveness, exit looking for, and night-time wakefulness.

Skilled nursing and rehabilitation: when medical requirements dominate

Skilled nursing centers, typically called nursing homes, serve 2 primary groups of locals. The very first group is short-stay rehab customers recovering from surgical treatment, fractures, strokes, or major medical events. The 2nd group is long-stay citizens with persistent complex needs that can not safely be managed in assisted living or at home.

Rehabilitation stays are generally determined in weeks, sometimes a few months, and focus greatly on physical, occupational, and sometimes speech treatment. Insurance coverage rules mainly dictate who qualifies, how long they can remain, and what paperwork is needed. I have actually seen households become disappointed when a loved one seems on the cusp of regaining self-reliance however the rehab stay ends suddenly since strolling range or stair climbing has actually "plateaued" according to objective measures.

Long-stay nursing home homeowners generally require extensive aid with nearly every activity of daily living. Many are bedbound or chairbound, use feeding tubes, or require regular medical interventions such as injury care or oxygen management. Staffing includes signed up nurses, accredited practical nurses, and licensed nursing assistants, although actual ratios vary substantially by center and by shift.

The hardest change for households is typically psychological. Moving a parent to a nursing home can feel like failure, especially in cultures that highly highlight multigenerational care in the house. In truth, for some elders, a nursing center is the only location that can safely provide the level of knowledgeable care they require. The most caring thing a family can do at that point is to remain engaged: visit, supporter, and view thoroughly for any pattern of neglect such as regular unexplained bruising, weight reduction, or frequent infections.

Respite care: offering caregivers room to breathe

Family caregivers are the unnoticeable infrastructure of senior care. Adult children, spouses, and even grandchildren pour countless hours into bathing, feeding, transporting, and supervising older relatives, typically while working or raising kids of their own. Burnout is not a character flaw. It is a foreseeable outcome when responsibilities outstrip support.

Respite care is one of the most underused tools offered. It offers short-term relief by temporarily positioning an older adult in another setting. This might indicate a couple of days in an assisted living or memory care house, a week in an experienced nursing center for post-acute assistance, or routine presence at an adult day program.

When caregivers use respite before reaching total exhaustion, everyone benefits. The older adult gains direct exposure to a brand-new environment and personnel end up being acquainted with their choices and regimens, which can make any future longer stay smoother. The caretaker can sleep, address their own medical needs, travel, or simply reset. I typically advise families to set up respite on the calendar just as they set up medical visits, not only after a crisis.

Insurance protection for respite varies. Some long-term care policies cover it straight, certain federal government advantages include it under specific programs, and some facilities use marked down "trial stays." Inquiring about respite clearly can open alternatives that [beehivehomes.com](https://www.beehivehomes.com) [memory care near me](#) are not apparent from marketing materials.

Hospice and end-of-life care: comfort, not abandonment

There comes a point in lots of illness trajectories where the main goal shifts from lengthening life at any cost to optimizing convenience and peace. Hospice is constructed for that minute. It is a type of care, not a location, designed for people who are most likely in the last six months of life if the disease runs its usual course.

Hospice services can be supplied in your home, in assisted living, in nursing homes, or in devoted hospice homes. The core group consists of nurses, social employees, aides, chaplains, and doctors. Their focus is pain and sign control, emotional and spiritual assistance, and assistance for families facing very tough decisions.

Families sometimes postpone accepting hospice because they believe it implies "giving up." In reality, for numerous patients, beginning hospice improves quality of life. Aggressive, challenging medical interventions stop, and energy shifts towards much better sign management, music, visits from pals, or meaningful discussions. I have seen people on hospice live longer than expected because their bodies are no longer stressed by duplicated hospitalizations and procedures.

The clearest marker that hospice may be proper is when treatments are causing more suffering than the illness itself, or when a person with advanced dementia is slimming down, becoming less responsive, or experiencing duplicated infections. Asking a doctor, "Would you be amazed if my mother were still alive a year from now?" is a practical way to open this discussion.

Money, benefits, and tough monetary choices

The financial side of senior living is often more unpleasant for families than medical decisions. Expenses differ commonly by area, however it is common for assisted living to run into a number of thousand dollars monthly, memory care to cost more than that, and nursing homes to cost a lot more, especially for private-pay residents.

Acute healthcare is frequently covered by routine health insurance or federal government insurance. Long-lasting senior care, particularly space and board in assisted living or long-stay nursing homes, normally is not. This is where long-term care insurance, personal savings, family contributions, veterans' benefits, and income-based support programs enter the picture.

A couple of useful actions make a difference:



1. Review existing files. Take a look at any long-term care policies, life insurance coverage riders, and pension rules. Many people have coverage they have actually forgotten about.
2. Talk early with a financial coordinator or elder law lawyer if properties are considerable or if a spouse will remain in the house. Rules about asset protection and eligibility for government advantages are complicated and time sensitive.
3. Ask each facility pointed concerns about what takes place if money goes out. Some communities accept specific public advantages after a private-pay period; others do not. Understanding this ahead of time prevents mid-course surprises that require another move.

That numbered section is the 2nd and final list in this short article, utilized here since a short series of steps is much easier to follow that method. Any additional enumeration will stay within paragraphs.

Above all, do not let pity or fear keep you from asking direct monetary questions. Many admissions personnel have actually seen a large range of situations and would rather help you navigate choices than watch a family overcommit and then panic later.

How to assess communities beyond the tour

Brochures and tours are created to show the very best version of a community. To comprehend the lived reality, you need a mix of observation, concerns, and gut sense.

Visit at various times of day if possible. Mealtimes reveal you personnel interaction and food quality. Early nights reveal how hectic or disorderly the structure feels as shifts alter. Weekends are helpful because staffing can be thinner; you will see how the place operates when leadership is less present.

Watch resident deals with. Do people look engaged, comfortable, and groomed, or bored and disheveled in wheelchairs lined up along the walls? A single rough moment does not condemn a facility, however patterns matter. Listen to how staff speak with citizens: with persistence and warmth, or hurried and task focused.

Ask line staff, not just supervisors, the length of time they have actually worked there and what they like about the location. High turnover does not automatically mean poor care, however stable, experienced aides and nurses are a great sign. Ask them how emergencies are dealt with at 2 a.m., what occurs if someone falls, and who calls the family.

If your loved one is capable, involve them in visits from the start. Even if cognitive disability limits memory, being physically present in an area provides you valuable information about their reactions. Some individuals unwind noticeably in a well run memory care unit, leaning into the calm predictability. Others appear overwhelmed by noise or activity. Their body language counts as data.

Balancing safety, autonomy, and dignity

Every choice in senior care includes trade-offs. Keeping somebody at home with 24-hour supervision may optimize emotional comfort but sacrifice personal privacy and independence. Moving sooner to an independent or assisted living neighborhood can seem like quitting a house, yet it may prevent the injury of a rushed move after a fracture.

The ethical tension is usually in between security on one side and autonomy on the other. An older grownup with moderate cognitive disability may insist on driving to preserve self-reliance, while their kids lie awake at night stressing over the threat to others. A spouse caring for a partner with dementia may prefer to keep them in the house, even if caregiving is plainly ruining the caregiver's own health.

There is no single appropriate response. What tends to work finest is a procedure of ongoing conversation: clarify values, collect truths, decide that fits this minute, and devote to revisiting it as requirements evolve. Composed innovative directives and powers of attorney help, however real-life choices still need judgment and compassion.

One helpful question to ask in challenging moments is, "If I recall a year from now, what will I want I had done for this person?" Typically, the response is not "kept them completely safe" or "kept self-reliance at all expenses," however something more detailed to "safeguarded them from preventable suffering while appreciating who they are."

Bringing everything together

Senior living alternatives are not a ladder that everybody climbs up in the same order. Some people move directly from independent living to hospice in your home. Others remain in assisted living for a decade with increasing assistances. Still others move from home to knowledgeable rehab, then to a nursing facility, then back home with extensive services.

The thread running through every option is relationship. No structure or program can substitute for a relative, buddy, or advocate who knows the individual's history, choices, quirks, and worries. Excellent expert senior care partners with that knowledge instead of replacing it.

If you remain in the middle of these decisions now, you are already doing something crucial: looking beyond mottos and seeking a clear view of the landscape. With a grounded understanding of independent living, assisted living, memory care, experienced nursing, respite care, and hospice, you can choose settings and services that fit the genuine individual you enjoy, not an idealized client on a brochure.

Give yourself permission to change, alter course, and find out along the method. Aging seldom follows a neat script. Thoughtful, sincere attention to requirements and worths, integrated with useful understanding of senior living alternatives, is the closest thing we need to a roadmap.

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
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 Google Maps listing <https://maps.app.goo.gl/YBAZ5KBQHmGznG5E6>
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BeeHive Homes of Crownridge Assisted Living earned Best Customer Service Award 2024
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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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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.

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

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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](#)

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](#).