

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

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

Phone: (210) 874-5996

BeeHive Homes of Crownridge Assisted Living & Memory Care

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

[View on Google Maps](#)

6919 Camp Bullis Rd, San Antonio, TX 78256

Business Hours

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

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Families seldom prepare for dementia care. It normally arrives as a slow series of "little" modifications: a pot left boiling, a forgotten consultation, a parent who constantly enjoyed hosting supper now declining to leave your house. At first, everybody informs themselves it is normal aging. Then, almost overnight, it is not.

I have sat [assisted living near me](#) at numerous kitchen tables with spouses and adult kids gazing at a blank note pad, trying to figure out whether assisted living, memory care, respite care, or private in home assistance is the next right step. The hardest part is not the medical language. It is the fear that your loved one will end up being lost in a system that treats them like a diagnosis, not a person.

That fear is what presses more families and specialists toward smaller sized senior care homes, especially for dementia care. These homes are not a trend. They are an action to what has not worked in traditional large facilities, and a quiet return to something older and extremely human: care constructed around relationships, not buildings.

What "Smaller sized Senior Care Homes" Really Are

People use various names: residential care homes, board and care, adult family homes, little group homes, or merely "your house on Maple Street that takes six residents." The terms differs by state, but the core idea is similar.

A smaller sized senior care home generally:

- Serves a restricted variety of citizens, frequently between 4 and 16.
- Operates in a house or home-like building, not a large campus.
- Offers assisted living level support, in some cases with dedicated memory care.
- Provides 24/7 staffing, but with fewer layers of management and less institutional structure.

Licensing classifications vary. Some are licensed as assisted living, some as adult care homes, some as specialized dementia care. In numerous states, these homes can provide advanced dementia care, consisting of behavioral assistance, help with all activities of daily living, and end of life care, as long as they fulfill regulative standards.

Families in some cases presume "small" indicates "less capable." In practice, when done well, small typically means more versatile, more individual, and more aligned with what life with dementia really looks like.

Why Conventional Big Facilities Battle With Dementia

Large senior care neighborhoods have strengths. They can use on website physical treatment, robust activity calendars, multiple dining locations, and on call nursing. For some older adults who are still fairly independent, that environment works very well.

For advanced dementia care, nevertheless, size ends up being a liability.

The first difficulty is sensory overload. Numerous memory care wings are developed as protected units within huge assisted living structures. Citizens leave of their spaces into an intense, hectic passage, with paging systems, cleaning up carts, staff hurrying to answer numerous call lights, and televisions running throughout the day. For a brain already having a hard time to filter information, this ruthless stimulation can feel like an assault.

The 2nd obstacle is staffing patterns. In a big memory care unit of 30 residents, you might see 2 to 3 caretakers on the flooring plus a nurse, in some cases less on graveyard shift. Even when everyone is proficient and caring, their attention is stretched thin. Arranged tasks take priority: morning care, medications, meals, assisted toileting. Peaceful emotional requirements, subtle changes in behavior, or the early indications of a urinary infection can be simple to miss up until they become crises.

The 3rd challenge is institutional culture. Once an environment operates at that scale, it often depends on rules and regimens to keep things safe and orderly: set awaken times, fixed showers days, large group activities, stiff medication passes. These routines are not inherently bad, however dementia does not follow a schedule. The person who sundowns might be most unwinded at 10 p.m. The resident who was constantly a night owl does not unexpectedly end up being a "lights out at 8" person. Big systems battle to bend around individual histories.

Over time, I have seen how these structural limitations translate into human pain: residents identified "resistant" or "upset" due to the fact that they pull away in congested dining spaces, or families pressured to start antipsychotic medications for behaviors that might respond to quieter surroundings and more constant one to one connection.

Smaller homes are not a magic repair, however they have more space to prioritize the rhythms of real life over the needs of a big operation.

How Smaller Houses Modification the Dementia Care Experience

Picture two various mornings.

In the very first, a caregiver operating in a 40 bed memory care unit begins at 7 a.m. They have 10 locals to get up, dressed, and to breakfast before the kitchen closes its early seating. They knock, turn on lights, motivate individuals to rush, and try to keep everybody moving while calming those who resist. They are doing their best, but speed is the concealed rule.

In the 2nd, a caregiver in an 8 bed residential home walks into the typical location at 7 a.m. Two locals are currently awake, sitting by the window. They begin coffee, switch on some soft jazz, and sit for a few minutes

while everybody totally gets up. Breakfast takes place over an extended window. One resident likes toast at 7, another prefers eggs at 9 when she finally roams out in her robe. The caretaker adjusts as they go.

The number of locals is the most obvious distinction, however the much deeper shift remains in how time works. Little homes can move at human speed.

For dementia care, this versatility modifications everything:

Residents experience less forced shifts in a day. Staff can approach care tasks when the person is more receptive, not just when the schedule demands it. And that, in turn, often minimizes the agitation and so called "behavior issues" that drive medication use and healthcare facility transfers.



Relationship as the Core Treatment

Documents list "dementia care" as a service line, however what assists many people with dementia is not a program. It is relationship.

In a smaller sized home, staff normally take care of the exact same little group of citizens day after day. They learn who utilized to work swing shift and chooses late nights, who soothes when you talk about their old garden, who will just take medications if you sit next to them and chat initially. Dementia affects memory and language, however it does not erase a person's need to be known.

Families frequently tell me that in bigger settings they seemed like "simply another chart." They had to reintroduce their parent's story to every turning caregiver. In little homes, I have seen caregivers and residents establish a peaceful shorthand that looks like domesticity: a hand immediately grabbing the best sweatshirt, a staff member humming an old hymn while helping someone with a bath, an appearance that says "it's time for your afternoon walk" without a word spoken.

That continuity matters for safety too. The caregiver who has actually invested months with your mother will notice that she is just a bit quieter today, or taking shorter actions, or choosing at her food. Subtle changes like that are typically the earliest indications of infection or discomfort. In my experience, smaller sized homes tend to capture those shifts earlier, not due to the fact that they have more technology, however since they have more eyes that genuinely know each person.



Emotional Safety for Homeowners Who Are "Too Much" for Larger Facilities

One of the hardest call households get is the notification that their loved one is being "released" from a memory care community for habits. Perhaps he was wandering into other rooms, or she set out at a caregiver throughout a shower, or he started yelling at night. From the center's point of view, they must keep everyone safe. From the household's point of view, it seems like rejection at the minute they most need help.

Smaller homes frequently focus on precisely these situations. With fewer homeowners and a calmer environment, they can approach challenging behaviors with more imagination and perseverance. Instead of saying, "Mr. Thompson is combative," I have actually heard personnel say, "He gets terrified when 2 individuals approach him at once. Let me attempt going in alone and speaking about his old truck initially."

There are less strangers coming and going, which can lower paranoia and mistrust. Bathrooms and bedrooms are nearby, so individuals do not have to navigate long corridors when they are currently disoriented. Alarms and video cameras, when used, can be more discreet. The atmosphere is less like a locked unit and more like a secure home.

This does not indicate small homes can or must accept every habits. Severe aggression, severe psychiatric conditions, or complex medical requirements might still require specific settings or healthcare facility based geriatric psychiatry. The distinction is that small homes typically have more alternatives to change day-to-day regimens, customize care methods, and collaborate with outside clinicians before choosing a move is necessary.

The Role of Regimen, Familiarity, and Environment

Dementia shrinks a person's world. New locations, loud noises, and frequent personnel changes can feel frustrating. A smaller sized senior care home minimizes the number of variables a person has to process every day.

Environmentally, the distinctions are easy however effective:

Rooms in small homes normally open into a central living space, not a long passage. Citizens can see the cooking area, smell food cooking, and orient to every day life with their senses, even if their memory is fading. There are less doors that all look the exact same, so people are less likely to get lost trying to find the bathroom.

Furniture tends to look like it came from a real home. Upholstered chairs. A dining table where everybody can see each other. Perhaps a pet dog bed in the corner. This is not simply decorative. It cues the brain: this is a safe place where individuals live, not visit.

Routine develops more organically. Breakfast may happen in waves. Some residents prefer to view the very same television show every afternoon. Personnel can keep those little routines that hold significance. Dementia care research study has actually revealed that protecting familiar patterns, even in small methods, minimizes anxiety and can slow the spiral of practical decline.

The point is not to develop a fake "1950s area" theme. The point is to develop a genuine environment where life looks, sounds, and smells like living, not like being warehoused.

Staffing Realities: Ratios, Turnover, and Burnout

Families frequently ask me for a single number: "What staff ratio should I search for?" The honest response is that ratios alone do not guarantee quality. I have seen 1 to 5 ratios in large settings that still felt rushed, and 1 to 10 scenarios where stable, extremely knowledgeable caregivers delivered exceptional care.

That stated, smaller homes normally operate with structurally lower ratios, often 1 staff to 4 or 6 locals during the day, especially in memory focused homes. Night personnel might be one awake caregiver for 6 to 8 homeowners, sometimes 2 for higher acuity homes. Since everybody shares the same typical space, a single caregiver can keep eyes on folks while cooking breakfast or folding laundry.

Equally essential is how personnel feel about their work. In large centers, caregivers frequently report sensation like they are on an assembly line. They might care deeply about citizens, however they rarely have time to stop and talk. Burnout follows, and with burnout comes turnover, which then destabilizes residents.

In smaller senior care homes, caretakers often describe their environment as "more like household." They tend to do a larger range of jobs: cooking, cleaning, individual care, companionship. For some employees, that is a drawback; they choose the clear job borders of a big center. For others, especially those drawn to relationship centered dementia care, it is a major benefit.

Lower turnover brings consistency. Residents with dementia cope much better when they see the same faces every day. Families have a single, familiar individual they can call and trust. And managers can coach personnel on advanced dementia strategies knowing those abilities will stick to the very same team.

Of course, there are exceptions. Some small homes are badly run, understaffed, or underpaid, which results in their own turnover issues. The little size does not naturally repair weak management. This is why on website visits, discussions with staff, and frank concerns about turnover matter more than glossy brochures.



Cost, Worth, and Trade Offs

One uneasy truth: high quality dementia care is expensive in nearly any setting, mostly because it is labor intensive. Smaller homes can be more affordable than luxury assisted living memory care units, but they are seldom cheap.

Pricing designs in small homes differ. Some charge a flat month-to-month rate that includes room, board, and care. Others have a base rate plus tiered care charges based upon how much assistance a resident requires. Many private pay homes fall anywhere from the mid 3 thousands to eight thousand dollars monthly or more, depending on region and level of care.

Where families frequently see worth remains in fewer "hidden" costs. In big assisted living, the marketing rate might look workable, however service charges for medication administration, escorts to meals, or incontinence assistance can quickly add thousands each month as dementia advances. In small homes, those assistances are normally bundled into the core service.

Medicaid protection is complicated. Some states have waiver programs that pay for residential care homes or adult family homes. Others limit Medicaid to nursing homes or need specific agreements with smaller companies. Veterans advantages, long term care insurance coverage, and state specific subsidies can also play a role. It is important to ask each home, "The number of of your citizens are private pay, Medicaid, or other funding sources?" and "What takes place if my loved one spends down their cost savings?"

There are trade offs. A smaller sized home will not have on website physical therapy health clubs or numerous dining establishments. If your loved one is highly social, they may miss out on the series of activities that a large campus can offer. If they still take pleasure in big group occasions, smaller settings may feel too quiet.

For moderate to sophisticated dementia, nevertheless, those large scale amenities often go unused, while the peaceful attention of a caregiver who genuinely understands your loved one ends up being priceless.

When a Larger Setting Might Make More Sense

The objective is not to romanticize little homes as the right response for everybody. There are circumstances where a larger senior care community might be a much better fit.

If your loved one remains in the early stages of cognitive decline, still independent in many daily tasks, and yearning robust social interaction, a larger assisted living neighborhood with strong memory support programming might be ideal. They can join motion picture nights, exercise classes, and outings while having aid in the background.

People with really complicated medical requirements, such as regular IV treatments, advanced wounds, or ventilator support, often need competent nursing facilities. Some little homes partner carefully with home health and hospice companies, but they are not hospitals. It is important to clarify what medical services they can reasonably handle.

Geography matters too. In rural regions, there may be just one or two little homes within sensible driving range, and they may be full. Bigger facilities in some cases have more accessibility and more transport choices for appointments.

The secret is to match the environment to the individual's stage of dementia, health profile, history, and character. Smaller sized homes shine particularly for people who:

- Are easily overwhelmed by sound or crowds.

- Have moderate to innovative dementia with significant care needs.
- Have experienced behavioral concerns or "stopped working positionings" in bigger memory care settings.

What to Look For When Evaluating a Little Dementia Care Home

Walking into a residential care home informs you more than any sales brochure. A fast psychological list on your very first visit can help you concentrate on what genuinely anticipates quality.

- Atmosphere: Do you feel like you are walking into a home or a mini institution? Are citizens out in the typical areas, doing normal things, or separated in spaces and strapped in front of televisions?
- Staff interactions: Enjoy how caretakers talk to citizens. Do they utilize individuals's preferred names? Do they speak respectfully, at eye level, without hurrying? Notification body language, not simply words.
- Cleanliness and safety: Are floorings clear, restrooms accessible, and get bars well put? Does your house smell reasonably tidy, not heavily masked with air freshener?
- Flexibility of regimen: Ask how they deal with homeowners who sleep late, roam during the night, or resist showers. Do their responses sound practical and personalized, or stiff and rule bound?
- Transparency: Are they open about prices, staffing ratios, training, and how they respond to medical modifications or hospitalizations? Vague, incredibly elusive answers are red flags.

Returning for an unannounced visit at a different time of day, particularly evenings, can give you a more sensible picture. Early mornings are frequently the "best behavior" window for tours.

Integrating Respite Care and Transition Planning

Smaller senior care homes are likewise powerful tools for respite care. Caring in your home for someone with dementia is a marathon. Even the most dedicated partner or adult kid needs breaks that are longer than an afternoon.

Some residential homes offer short-term stays of a week or a month, especially when they have an open space. This permits the individual with dementia to experience the environment without making an instant irreversible relocation. It likewise offers households a real sense of how staff manage difficult behaviors, nighttime needs, or medical issues.

I have actually seen families utilize respite tactically:

A child looking after her father with Lewy body dementia set up a 10 day respite stay every 3 months. At first he resisted, however staff at the little home discovered his routines and favorite stories. By the 3rd stay, he was welcoming familiar caregivers with a smile. When his child's health declined and a permanent relocation became required, the transition was gentle, not abrupt, since the home was currently part of his mental map.

Early use of respite likewise creates options. A lot of families wait till a complete blown crisis forces positioning on someone else's terms. Checking out little homes before you are desperate lets you pick based upon fit, not accessibility at 3 a.m. After an ER incident.

How Small Homes Collaborate With Households and the Wider Care Team

Dementia care works best as a team sport. That team often includes the primary care doctor, neurologist or geriatrician, home health or hospice services, therapists, and obviously the family.

Smaller homes tend to include families more directly in day to day decision making. You may get a text with a picture of Dad helping fold towels, or a phone call asking whether Mom has constantly preferred soft foods. Care strategy meetings seem like conversations around a table, not official conferences in a conference room.

Because layers of bureaucracy are thinner, changes can occur quicker. If you point out that your partner has actually always listened to jazz while shaving, personnel can attempt adding music to his morning routine the next day. If you see that your mother seems colder and more withdrawn on recent visits, the supervisor can collaborate an anxiety screening with her medical professional that week.

That said, good small homes likewise set healthy limits. They welcome collaboration, but they likewise safeguard personnel from unrealistic expectations, like constant texting or everyday demands for long phone updates. The best relationships grow out of mutual regard and clear communication about what each side can provide.

Looking Ahead: Why the Future Is Smaller Sized, Not Colder

Demographic realities ensure that dementia will form senior look after years. Advances in medication can delay some forms of decline, however they do not erase the central fact that more people will live enough time to experience cognitive changes.

Big, multi level senior living campuses will continue to exist and serve crucial functions. Yet the most humane reactions to dementia appear to be moving in the opposite instructions: smaller, more individual, more home based.

Policy makers are beginning to discover. Some states are piloting "Green Home" design nursing homes with 10 to 12 homeowners, shared kitchen and living areas, and universal workers who do everything from individual care to cooking. Others are expanding Medicaid waivers to pay for adult household homes or little residential models. These changes move the system more detailed to what families currently say they desire: settings where their loved ones are treated as next-door neighbors, not room numbers.

For service providers, smaller homes need a various mindset. Success rests less on marketing interiors and more on recruiting and keeping caregivers who genuinely like older adults, specifically those with dementia. Training matters, but so does personality. An employee who can laugh when a resident hides socks in the freezer, rather than scold, deserves more than any costly décor.

For families, the shift means asking much better concerns. Instead of starting with "Does this community have a cinema and restaurant?" start with "The number of residents will my mother share this area with?" "Who will understand her story?" "What occurs here at 2 a.m. On a rainy Tuesday when she can not sleep and wants to go home?"

When those questions lead you down a quiet residential street to a single story house with a ramp to the front door, drapes in the windows, and a caretaker greeting you by name, do not let the modest exterior fool you. Inside, real life is unfolding: somebody stirring a pot on the stove, someone assisting a resident discover her favorite sweatshirt, somebody sitting at the table holding a hand that trembles.

That is what compassionate dementia care looks like when we let scale follow need, rather than the other method around. And that is why the future of senior care, especially assisted living and memory care, is most likely to grow smaller, more local, and more deeply human.

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

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 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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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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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