

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 hardly ever get to the senior care decision point after a single occasion. It is typically an accumulation of small signals, like a range left on or a rent check forgotten, that amounts to a concern with real stakes. Where will Mom, Dad, or a spouse live securely, and how can that care seem like a life, not simply a service? That is where the option between assisted living and memory care ends up being pivotal. The two overlap in some services, yet they are constructed for really different requirements and outcomes.

I have walked numerous households through this fork in the roadway. The best response depends upon diagnosis, behavior, character, family capability, financial resources, and timing. Getting it wrong is not simply a hassle. It can result in falls, roaming, medication errors, and fast decrease, or the opposite, unnecessary limitation that blunts an individual's remaining strengths. It assists to unpack what each setting actually does, what it does not do, and how to judge whether the guarantees on the sales brochure match the reality on the floor.



What assisted living in fact provides

Assisted living is created for older grownups who are primarily independent however need help with particular day-to-day jobs. Consider the individual who no longer desires the problem of a home, appreciates having actually meals prepared, and requires help with bathing or medication reminders, yet still makes their own choices. A well run assisted living neighborhood provides private apartments, 3 meals a day, house cleaning, transportation, and a menu of activities. Personnel support covers the common activities of daily living, such as dressing, grooming, and toileting. Numerous likewise have checking out nurses, on website physical treatment, and medication management for an extra fee.

The approach is social and helpful, not medical. Citizens can lock their doors. They select breakfast at 7:30 or 9:00, game night or the outside show. Staff ratios vary, but a common pattern is one caregiver to 12 to 18 homeowners throughout the day, less in the evening across a larger group, with a nurse on call rather than stationed on the unit. Safety functions include pull cables, motion sensors, and front desk monitoring, but you will not see alarmed exits on every door.

Assisted living can accommodate moderate amnesia, especially when signs are mainly lapse of memory or slowed processing. Lots of locals in their late eighties fit this profile. They flourish in a regular with light cueing, and they benefit from relationships with peers and personnel they see daily. The difficulty comes when memory loss is coupled with impaired judgment, elopement danger, or behaviors that require specific training to manage. That is where memory care diverges.

What memory care adds, and why it matters

Memory care is built for individuals dealing with Alzheimer's illness and other types of dementia who need a secure environment and structured, cue rich days. It is still a residential setting, not a healthcare facility. Apartments are typically smaller sized and organized around typical spaces. Designs avoid long corridors that puzzle visual understanding. Paint colors and wayfinding cues are selected to support navigation. Bathrooms have actually contrast colored toilet seats so residents can see them. Doors to the outside are alarmed and secured to avoid wandering.

The program is not simply bingo with a brand-new indication. Staff get targeted training in dementia care, consisting of communication methods to lower escalation, checking out nonverbal cues, and utilizing validation instead of fight. There is a strong focus on regular, sensory engagement, and significant activity. Rather of a one hour art class, you might see brief little group sessions every 90 minutes, like folding towels, arranging buttons, or watering plants, woven with music, reminiscence, and strolls. Schedules are versatile adequate to satisfy people where they are, like providing a night treat for those who are active after supper, and quiet, low light areas for residents who sundown.

Clinical oversight tends to be tighter. A nurse is more frequently present on the system. Medication passes are more regular since some dementia medications and habits supports require constant timing. There is likewise more proactive monitoring for dehydration, urinary system infections, and irregularity, all of which can appear like unexpected behavioral change and are common triggers for hospitalization in this population.

The net result is a setting that can manage intricate habits and greater care requirements while maintaining self-respect. Families typically stress that a protected door suggests a locked away life. Good memory care does the opposite. It opens safe methods to move, connect, and express a self that is changing but not gone.

The gray zone, where choices get tricky

The line between assisted living and memory care is not crisp. I think about Ms. Greene, a retired curator with early stage Alzheimer's who moved to assisted living at 78. She managed her own grooming and participated in book club, but she avoided meals, dropped weight, and grew nervous in the evening. Staff offered cued meals and included a nutrition shake mid afternoon. They paired her with a resident ambassador who knocked on her door before supper. That setting worked for 18 months. When she started pacing the hall to discover a sis who had died years earlier and attempted to leave the building, it quit working. She needed the predictability and security of a memory care program to decrease the nightly cycle of fear and wandering.

Then there was Mr. Alvarez, 91, coping with vascular dementia after a stroke. He required assist with dressing and medication, however he was oriented to position and time, and he enjoyed the woodworking shop. His child visited memory care initially, worried about his medical diagnosis. We recommended assisted living since his judgment was sound and his pleasure originated from the full campus offerings. That choice gave him another two years of club activities, daily strolls to the yard, and a simple brief transfer to memory care later when his confusion and falls increased.

The gray zone features danger. Moving too soon into memory care can feel restrictive and waste cash on services that are not yet needed. Waiting too long in assisted living can cause emergency relocations after a fall or police call for wandering. The art is to match the setting to the dangers you want to control today while looking for the early signs that the balance has shifted.

Behaviors and threats that tip the scale

Real world tipping points tend to cluster around security and distress. Repetitive elopement efforts, nighttime wandering that beats standard door alarms, aggression that personnel without dementia training can not de intensify, and rejection to shower or take medications in spite of cueing, all point toward memory care. So does a pattern of misinterpreting the environment, like puzzling the closet for the bathroom or consuming non food products. A single episode does not make the case, however a pattern does.

There are quieter signals too. A happy parent who stops signing up with any group activities and becomes separated in their room might be overwhelmed by the size and rate of assisted living. Visual and acoustic overstimulation in big dining-room makes some individuals shut down. If weight-loss or dehydration continue despite extra assistance, a smaller sized memory care dining room with more regular, simplified meals can make a distinction. I have enjoyed people gain back five to 10 pounds just from constant, calm mealtimes and finger foods they can get without embarrassment.



Medical overlays matter. Parkinson's illness dementia, Lewy body dementia, and frontotemporal dementia can all reveal with habits that typical assisted living is not geared up to manage. Hallucinations, impulse control changes,

or rising and falling attention are not merely lapse of memory. Families in some cases undervalue these signs due to the fact that they come and go. Personnel require to expect them even when the resident looks fine at 10 a.m.

Staffing, training, and what those ratios really mean

Staffing is the foundation of both settings, however the mix is different. Assisted living relies greatly on certified nursing assistants or personal care aides with oversight from a nurse who may cover numerous floorings. Memory care normally enhances the ratio and adds more dementia specific training. Ratios are not apples to apples since of layout and skill. A posted 1 to 8 ratio in memory care can be more secure than a 1 to 12 in assisted living if the memory care assistants are stationed in the living-room where citizens invest the day, instead of at the end of a hall.

Training depth is informing. Ask how personnel are taught to approach a resident who refuses a shower. A well experienced aide will offer choices, warm the bathroom ahead of time, cue step by action, and change tactics if the person becomes distressed. On the other hand, a rushed aide without training may press ahead, resulting in escalation and injury. Medication management likewise varies. In memory care, nurses typically coordinate antipsychotic reviews, monitor for dopamine blocking side effects in Lewy body dementia, and deal with doctors to adjust dosages for sundowning. That level of watchfulness is not guaranteed in every assisted living.

Turnover is a silent variable. A setting with stable personnel, even if somewhat lower ratio on paper, may outperform a higher staffed building that churns through caregivers monthly. Locals with dementia depend on familiar voices and gestures. Connection decreases fear, and fear drives behavior.

Costs, what drives them, and how to read a quote

Sticker shock prevails. In numerous areas, assisted living starts around 3,500 to 5,000 dollars per month for lease and standard services, then adds tiered care fees based on the time and complexity of help. Memory care often begins greater, frequently 5,000 to 8,000 dollars, with an all inclusive design or a greater base plus minimal add ons. Prices in large metro areas can exceed 10,000 dollars for memory care when requirements are complex.

Where does the difference originated from? Greater staffing, protected style, and a more extensive everyday program expense money. Expect to pay more for a smaller resident to staff ratio and the presence of a nurse covering a tight footprint. Medications, incontinence materials, and specialized therapies are usually separate. Transport to medical appointments might be included for assisted living residents however limited or accompanied for memory care, in some cases for a fee.

Read the contract gradually. Tiered models can look more affordable in the beginning, then climb up rapidly as needs increase. All inclusive designs shift the risk to the supplier however might require a longer minimum stay. Ask what activates a care level boost. If the community expenses every time a resident needs two person transfers or nighttime checks, you need to pencil those into your practical regular monthly expense. Clarify notification durations for moving from assisted living to memory care. Some service providers operate both on the exact same school and will waive some charges for an internal transfer. Others treat it as a new admission.

Long term care insurance coverage can offset costs if the policy triggers have actually been satisfied, normally based on requiring help with two or more activities of daily living or having serious cognitive problems. Veterans with service connected impairments or low earnings may qualify for Aid and Participation benefits. Medicaid protection for memory care differs by state, and availability in personal neighborhoods is limited. Numerous households bridge spaces with a mix of savings, home sale earnings, and policy payouts.

Lifestyle, autonomy, and the shape of a day

A great fit honors who the individual has always been. Assisted living tends to provide more range and choice across a wider school. For someone who enjoys spontaneous conversation and independent afternoons with a crossword, this can be best. Memory care trims the buffet to a curated plate. Activities are simpler and repeated by style, not since staff lacked ideas. Repeating creates success and confidence.

One child when told me, He will hate being told what to do. She was shocked when her father took to memory care. [memory care near me](#) He did not like the word schedule, but he loved the predictability of warm coffee at 9, singalong at 10, and a walk at 11. In assisted living, he had been missing out on breakfast and sleeping on and off, then awakening wired in the evening. In memory care, his days had an arc that felt secure.

Autonomy is not synonymous with flexibility to stop working at security. In assisted living, you may choose when to shower and whether to lock your door, within reason. In memory care, autonomy looks like supported choices within a safe container, such as two lunch choices, a quiet or dynamic table, and an invitation to assist set napkins if you have uneasy hands. Families sometimes bristle at the protected door till they see the trade used on the other side, which is more space to move without a worry of bolting through the wrong exit.

Respite care as a bridge and a test drive

Respite care is a brief stay in a senior care neighborhood, normally 7 to one month, that gives caretakers a break and lets companies assess fit. It is underused and powerful. If you are torn between assisted living and memory care, a respite in each can expose how your loved one responds to the environment. Some neighborhoods offer a furnished apartment or condo and a flat everyday rate that consists of meals and care. Others pro rate by month. Insurance seldom covers respite unless connected to a rehab discharge, however the insight can avoid a costly wrong move.

I have seen respite reframe presumptions. A kid insisted his mother would never tolerate a safe door. Three weeks in memory care later on, she was noticeably calmer, eating better, and sleeping through the night. The safe entry bothered him more than it did her. Alternatively, a respite in assisted living revealed another family that Dad still took pleasure in the woodworking club and might deal with the layout with very little cueing. They conserved thousands by waiting a year before transitioning to memory care.

Signs it may be time to move to memory care

There is no single test that addresses this. I look for clusters across safety, health, and state of mind. If wandering is relentless and can not be controlled with door alarms and cueing, if weight loss continues regardless of customized meals, if incontinence ends up being uncontrollable in shared dining or activity spaces, or if personnel requires behavioral events become weekly, the setting likely no longer matches the requirement. Another marker is the experience of other citizens. If one person's loud distress frequently disrupts meals or activities in assisted living, the whole group suffers. Memory care can reroute that energy more skillfully.

Family capability matters too. You may be filling spaces by sitting with your spouse each evening to avoid sundowning. That is worthy, and it is not constantly sustainable. If the only way assisted living is working is due to the fact that you or a private assistant offer a number of hours of day-to-day supervision, you are essentially running a small memory care in the incorrect area. In some cases moving to memory care decreases overall expense because you no longer requirement to layer pricey one on one care on top of assisted living rent.

How to compare neighborhoods on the ground

You can not judge a community from a brochure. You require to see life in motion. Use the following focused checks to anchor your tours and telephone call, and duplicate them at various times of day.

- Observe the rhythm of the day. Visit mid morning and late afternoon, when agitation often surges. Are citizens engaged in brief, achievable activities, or are they parked in front of a tv? Enjoy transitions like moving from activity to lunch. Smooth handoffs signal good staffing and routines.
- Watch the dining experience. Look at plate colors and portion sizes. Are finger foods readily available for those who can not manage utensils? Do staff sit at eye level and hint bites, or do they stand and hover? Quiet, unhurried dining is a strong predictor of weight stability.
- Test responsiveness. Ring a call bell. Time how long it takes for staff to get here, then do it again later on. Ask what happens over night if a resident is awake and pacing. Responses ought to be concrete, not vague assurances.
- Review occurrence patterns. Request de determined information on falls, medical facility transfers, and use of one on one caretakers in the last quarter. High rates are not immediately disqualifying, however you want patterns described with restorative actions, like staffing adjustments or brand-new routines.
- Validate staff training and tenure. Ask how many hours of preliminary dementia care training are needed, how typically refreshers take place, and what portion of staff have existed more than a year. Stability plus continuous training beats a shiny theater program every time.

Questions to ask throughout a tour that reveal the truth

Sales pitches practice the simple responses. These questions require specifics and expose how the team thinks.

- How do you individualize look after somebody who refuses showers or medications? Describe the last time it was tough and what you attempted next.
- What is your specific process if a resident elopes or efforts to leave? Who is informed, how quickly, and what changes after to prevent a repeat?
- If my parent is hospitalized, how do you coordinate re entry, medication reconciliation, and treatment services? Who owns that checklist?
- What are the triggers for moving from assisted living to memory care here, and what is the financial effect of an internal transfer?
- How do you include families in care strategy updates, and how often do you proactively call us versus waiting on us to call?

Coordinating with physicians and preventing common pitfalls

Senior care works best when the scientific team outside the building stays in the loop. Too often, the primary care doctor adjusts medications without input from the people who see the resident most hours of the day. Before any move, sign releases so the neighborhood nurse can talk with the doctor, neurologist, and therapist. Supply a composed baseline of behaviors and regimens that work, consisting of sleep, favorite foods, and sets off for agitation. If your loved one responds well to a morning walk and a warm blanket before bath time, that is clinical info, not a nicety.

Avoid the trap of chasing after an ideal diagnosis before selecting a setting. Neuropsych screening can clarify the kind of dementia, but waiting months for an appointment while intensifying behaviors go unsupported does harm. Choose for the needs you see now, while continuing to pursue medical clearness. Likewise beware of

wonderful thinking that a brand-new tablet will erase the need for structure. Medications can lower stress and anxiety or depression, yet they are not an alternative to a program that matches cognition.

Do not skip the night tour. Lots of households visit mid day when everything looks brilliant. Memory changes typically enhance after dusk. See the unit at 7 p.m. Are there enough staff to walk with the restless? Is lighting warm and low, or severe and buzzing? Basic information at night make or break peace.

When the first option is not working

Sometimes you only realize an inequality after move in. Provide it 2 to 4 weeks unless there is a serious security problem. Shifts unsettle anyone, and people with dementia might reveal that as anger or refusal. Skilled teams can typically turn a rough start by anchoring a routine, pairing the resident with a constant employee, and welcoming the family to visit at strategic times. If your gut tells you the program does not have depth, file specifics. Are meals chaotic every day? Are showers avoided for a week? Patterns matter more than one frazzled Tuesday.

If a modification is needed, do not await crisis. Ask the existing company for aid with a warm handoff. Share the learning got so the next group can avoid the very same bad moves. One child brought a laminated card with her mom's life highlights, preferred tunes, and 3 relaxing phrases. The new memory care published it in the staff room. That kind of carryover shortens the runway to stability.

The household role after the move

Families sometimes feel their function vanishes when a parent enters a senior care setting. In reality, your function shifts from direct care to advocacy, connection, and pleasure curation. Bring familiar music playlists. Label clothing plainly. Visit at the time of day your loved one is most responsive, not when it fits your calendar best. Notice and applaud what the staff does well. People work harder for households who see them as partners, which goodwill pays benefits when you require an extra check at night or quick call after a rough day.

Keep an easy notebook of observations. Dates of mood changes, falls, medication tweaks, and appetite swings assist the nurse see patterns that single shifts miss. If your parent had a urinary system infection last March that set off abrupt agitation, emphasize that in vibrant on the care strategy. Memory care teams are excellent, not psychic.

Pulling the threads together

The heart of this choice is not whether memory care is much better than assisted living, however which environment finest matches a specific person at a specific moment. Assisted living works well when cueing suffices, judgment is intact, and a social, versatile day brings energy. Memory care ends up being the best choice when security threats increase, behaviors require skilled redirection, and a structured, sensory abundant day preserves function. Respite care can evaluate presumptions without dedicating long term. Expenses reflect staffing and program depth, so comparing line products and activates for increases matters as much as the base rate.

If you feel torn, prioritize dangers that would keep you up during the night. If wandering tops the list, choose secure. If seclusion and loss of interest dominate, a smaller, calmer memory care might really open more life than a larger assisted living school. Ask pointed questions, tour at off hours, and let what you see bring more weight than what you are told. Succeeded, this choice does not end a chapter. It changes the setting so the story can continue with as much safety, convenience, and self-respect as possible.

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 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
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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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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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