

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

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

Phone: (210) 874-5996

BeeHive Homes of Crownridge Assisted Living & Memory Care

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

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6919 Camp Bullis Rd, San Antonio, TX 78256

Business Hours

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

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Families usually do not begin looking into senior care up until something has actually currently failed. A fall, a missed out on medication, a late-night emergency clinic visit. By the time I satisfy numerous households, they are tired, distressed, and attempting to decipher a labyrinth of terms: assisted living, memory care, knowledgeable nursing, respite care, home health, hospice.

The terminology can feel abstract, however the decisions are not. They figure out whether a parent can stay near their buddies, whether a partner can sleep through the night, and how much savings might remain 5 years from now. Getting clear on care levels early, before a crisis, gives you choices you merely do not have when you are under pressure.

This guide walks through how assisted living suits the broader landscape of senior care, the distinctions that really matter everyday, and how households can match a genuine individual's requirements to the right setting.

How care requirements normally alter with age

Most older grownups do stagnate straight from complete independence to a nursing home. Requirements generally evolve in stages, although the timeline varies.

In the early stage, someone may live independently but require small assistances: a weekly maid, grocery delivery, a next-door neighbor who checks in. At this point, the primary concerns are social isolation, minor safety issues in your home, and the first hints of forgetfulness. Families typically see stacks of unopened mail or expired food in the refrigerator long before they see dramatic changes.

Over time, everyday tasks begin to slip. Managing numerous medications, safely getting in and out of the shower, preparing regular meals, and keeping up with laundry and standard home upkeep start to feel like excessive. This is where assisted living and comparable elderly care options emerge. The goal is to support

independence, not to change it, while removing sufficient burden and threat that the individual can regain some quality of life.

In later phases, when somebody has intricate medical requirements, advanced dementia, or needs aid throughout the night, greater levels of care such as memory care or experienced nursing become better suited. The shift is seldom a clean line. I typically see households attempt to spot things together at home long after it has actually ended up being unsafe, merely because they do not have a psychological map of what else exists.

Understanding each care level helps you avoid two common errors: moving prematurely into a setting that is more restrictive and costly than required, or waiting so long that a crisis forces a rushed relocation into the very first available bed.

Key care settings in the senior care spectrum

Clinical books explain care levels in regards to policies, staffing ratios, and reimbursement models. Households experience them more concretely: who helps Mom with her shower, who notifications if Dad seems more confused, who exists at 2 a.m. If he can not breathe.

Here is how the primary choices vary in genuine life.

Independent living and aging in place

Independent living communities and aging in location in your home inhabit the most affordable level of formal senior care. The individual is mostly self-dependent however may gain from a supportive environment.

In independent living, older adults reside in private apartment or condos or cottages, with shared dining choices, light housekeeping, and social activities. Personnel do not typically offer hands-on [assisted living facilities in san antonio](#) help with bathing, dressing, or medications. It works finest for somebody who can handle their own routines however wants convenience, community, and a much safer environment than a big, aging house.

Aging in place in your home counts on family, hired caregivers, or checking out professionals to supply help. This path offers autonomy and psychological comfort, however it includes coordination difficulties. Someone has to manage schedules, backups when caregivers are sick, home safety adjustments, and transport. For households who live neighboring and can share responsibilities, it can be extremely successful. For adult children who live hours away, it can end up being a logistical and psychological strain.

I frequently advise households to treat home-based support as a versatile layer that can expand and contract as requirements alter. A few hours of aid every week can ultimately grow into daily assistance or over night protection without requiring a physical move, a minimum of until medical intricacy or cognitive decline makes home care too difficult or expensive.

Assisted living: the middle ground

Assisted living is designed for older adults who do not require 24-hour nursing care, however can not manage safely with just periodic help. It is the middle of the senior care spectrum, and for many individuals it is where they invest most of their later years.

Residents generally live in private or semi-private houses. Personnel assist with activities of daily living such as bathing, dressing, grooming, toileting, and moving. They likewise support so-called critical activities: managing medications, organizing transportation, doing laundry, and in some cases collaborating medical appointments.

What households most often ignore is the effect of structure. Scheduled meals, daily check-ins, and on-site activities decrease the turmoil that creeps into life when an older adult is alone for long stretches. For somebody with moderate memory issues, having personnel remind them of meals, events, and medications can prevent more serious decline.

At its finest, assisted living seems like a small neighborhood, not an institution. Citizens still lock their doors, choose how to provide their spaces, and pick whether to sign up with group activities or keep to themselves. They just do not have to fret about stairs, cooking on a gas stove, or remembering every pill on their own.

However, assisted living communities vary extensively. Some are more hospitality-focused, with resort-like features and lighter care. Others lean towards greater acuity, with more robust staffing and closer ties to healthcare providers. Asking comprehensive concerns about what occurs when needs increase is vital, because a neighborhood that looks ideal today may not have the ability to support someone if they begin to need two-person transfers or nighttime monitoring.

Memory care: assisted living with secure support

Memory care is often certified either as a different unit within an assisted living neighborhood or as an unique center under similar policies, depending upon the state. It serves individuals with moderate to advanced dementia who are unsafe in unsecured environments, no matter their physical strength.

Families usually consider memory care when roaming, considerable confusion, or behavioral changes make basic assisted living or home care risky. For example, an individual who repeatedly attempts to leave the structure during the night or thinks complete strangers remain in their home might require the structured, safe and secure environment of memory care.

Staff in memory care settings receive targeted training on dementia, interaction methods, and habits management. Buildings are designed to decrease triggers: clear sight lines, circular strolling paths, and visual hints that assist homeowners orient themselves. Activities aim to match capabilities, not highlight deficits, which can considerably lower agitation.

The compromise is a more controlled environment. Doors are locked or alarmed. Options are structured. Privacy still matters, however the focus tilts more toward security than autonomy. For some families, this seems like a relief; for others, it is emotionally hard but necessary.

Skilled nursing and rehabilitation

Skilled nursing facilities sit at the greatest level of traditional elderly care outside hospitals. They serve two broad groups.

The first group consists of short-stay rehabilitation patients. Consider somebody who had a stroke, hip fracture, or significant surgical treatment. They need intensive physical treatment, occupational treatment, and sometimes speech therapy, along with close medical tracking. The goal here is to recover sufficient function to return home or to a less intensive setting such as assisted living.

The second group consists of long-term citizens whose medical or practical needs surpass what assisted living can fairly handle. Examples consist of individuals requiring feeding tubes, complex injury care, frequent intravenous medications, or total assistance with all activities of daily living. Staffing consists of signed up nurses around the clock, and the facility should follow stricter medical regulations.

Families sometimes stress that moving a parent to a skilled nursing facility is a one-way trip. That is not always the case. With strong rehab, many older grownups move back to assisted living or home. The key is to have clear

goals and timelines from the first week, and to remain actively associated with discharge preparation rather than presuming the facility will instantly suggest the least restrictive option.

Home health, personal duty, and respite care

Not every solution involves a move. A number of services can wrap around an older adult wherever they live.

Home health is a Medicare-covered service (in the United States) that offers periodic knowledgeable care at home, such as nursing visits, physical therapy, or wound care, typically after a hospitalization or a change in condition. It is not the like a daily caretaker. Think visits a few times a week for specific clinical jobs, rather than constant assist with bathing or cooking.

Private task caregivers, employed through agencies or separately, fill that daily support role. They can assist with individual care, housekeeping, errands, and friendship. Appropriate supervision and preparation are crucial, particularly for over night care or complex medications. Costs build up rapidly at high hours, however for the best scenario, this path can extend somebody's capability to remain in your home significantly.

Respite care bridges gaps. It can imply a short-term remain in an assisted living or memory care community, or temporary extra at home assistance, so that a household caretaker can rest, take a trip, or resolve their own health requirements. I have actually seen numerous reluctant parents agree to a "trial stay" framed as respite care, only to choose they prefer the additional assistance and social contact. Utilized sensibly, respite can prevent burnout and hold-up irreversible placement.

Signals that assisted living might be the ideal level

Families often ask for a list of "signs it is time," as if there were an accurate threshold. Truth is messier, but some patterns repeat throughout numerous families I have dealt with. Rather than providing a rigid checklist, think about these repeating scenarios.

An older adult starts having small accidents in the house: slips in the shower, burns from the range, or trouble navigating steps. They may reject these events, but you see increasing doubt or fear around specific tasks. A single major fall can change the trajectory of someone's health; small ones are early warning signs.

Medication mistakes become frequent. Tablet organizers sit untouched. You find replicate prescriptions for the same drug, filled at different drug stores. Medical facility visits for conditions that must be controlled, such as cardiac arrest or diabetes, end up being more typical. Assisted living staff can handle medication administration, lowering this danger dramatically.

Nutrition and hygiene decrease. Your parent who when prided themselves on neat clothes and a tidy kitchen starts to use the exact same outfit several days and lets meals accumulate. Weight reduction, persistent urinary system infections, or oral problems signify that daily routines are escaping them.

Social withdrawal grows. Even when physically capable of going out, the individual rarely leaves home, misses spiritual services or club meetings, and seems abnormally anxious about visitors. Isolation is not simply lonely; it speeds up cognitive and practical decline. Assisted living communities, when well run, can reverse this trend.

Caregiver pressure ends up being evident. A spouse in their late seventies tries to help their partner transfer from bed to chair, risking their own health. An adult kid invests most nights managing crises by phone and most weekends capturing up on jobs for their parent, squeezing their own household and work time into the margins. When the support system starts to crack, the older adult's stability generally follows.



If several of these components are present, assisted living deserves a serious look. It does not mean somebody has actually lost all self-reliance. It implies you are shifting from an improvised home-based system, often delicate and hidden, to a structured environment where assistance is close by.

How assisted living varies from other elderly care options

Assisted living typically gets puzzled with both independent living and nursing homes. The differences matter for expectations, safety, and cost.

Compared with independent living, assisted living includes hands-on assistance with individual care and medication management, plus a higher level of staff availability. Residents may still take pleasure in similar apartments and facilities, but there is a care team in place that can increase services as requirements grow. Prices often reflect this, with base rates plus tiered charges based upon care level.

Compared with skilled nursing, assisted living runs on a more social and less medical design. There might be nurses on personnel, however they generally are not present 24 hr a day, and medical devices are minimal. Laws are lighter. This environment feels more homelike and less clinical, however it is not appropriate for someone who needs continuous tracking or complex treatments.

Memory care is finest thought of as an expertise of assisted living, not something totally separate. Both provide help with day-to-day activities, but memory care layers in protected style, higher staffing ratios, and dementia-focused programs. Somebody may start in standard assisted living and later transfer internally to memory care if their cognitive decline progresses.

Home-based arrangements can look really different from assisted living, even when the variety of assistance hours is comparable. In assisted living, staff can react if a resident falls at 3 a.m. In home care, unless you have day-and-night caretakers, emergency situations outside arranged hours rely on emergency services or neighbors. On the other hand, remaining at home offers familiarity, control over regimens, and in many cases, lower costs at modest care levels.

One of the most helpful questions to ask yourself is: "Where will assist come from at 2 a.m. If something goes wrong, and how reputable is that plan?" Assisted living, memory care, and knowledgeable nursing provide specific responses to that concern. Home-based systems typically assume absolutely nothing significant will take place outside set up caregiver hours, which is hardly ever real for long.

Financial and useful trade-offs

Cost is the subject households raise with a mix of worry and confusion. Figures vary commonly by region, however it is common to see month-to-month assisted living costs in the mid four figures, with greater rates for memory care and knowledgeable nursing. Home care can appear more affordable in the beginning glance, however when you determine 24-hour coverage at per hour rates, it typically exceeds facility costs.

The much deeper concern is value. What are you spending for, and what threats are you accepting if you attempt to save money by covering services together?

In assisted living, charges generally cover real estate, utilities, meals, basic housekeeping, some transport, activities, and a specified level of individual care. Additional requirements might be billed as add-ons. Unexpected expense creep is common when someone's care requirements increase quicker than the family understands. Request a written description of how the community figures out care levels and how typically reassessments occur.

Home care costs scale with hours. A few hours a week may cost reasonably little, but once a person needs aid multiple times a day or over night, expenditures install quickly. Households sometimes ignore hidden expenses: home adjustments, emergency monitoring systems, and the worth of unpaid household caretaker time.

Medicare and comparable insurance programs normally do not spend for long-term custodial care, whether at home or in assisted living. They cover clinically needed services such as knowledgeable nursing, treatment, and healthcare facility care. Long-lasting care insurance coverage, when offered, can balance out some expenses, but policies differ significantly in what they cover and how advantages are triggered. It is vital to examine policy documents rather than rely on assumptions or unclear memories of what a representative once described.

I often encourage families to consider not simply the month-to-month price tag, but likewise the downstream costs of avoidable hospitalizations, injuries, and caregiver burnout. A slightly higher level of structured assistance can in some cases prevent significant costs and suffering later.

Using respite care to test and transition

Respite care is one of the most underused tools in senior care, despite being incredibly practical. It provides short-lived support, generally for a couple of days to a few weeks, either in the home or in a residential setting such as assisted living or memory care.

In practice, respite serves 3 valuable purposes.

First, it gives family caregivers predictable breaks. Taking care of a parent or spouse is physically and mentally taxing, even when done with love. Periodic respite allows caregivers to recharge, take care of their own health, or just sleep without listening for every small noise in the night. Studies regularly reveal that regular breaks decrease depression and lengthen a caretaker's ability to continue safely.

Second, respite remain in assisted living or memory care offer a low-risk trial. Instead of devoting to an irreversible move, an older grownup can "try" the community. Many people who insisted they would never ever leave their home discover they appreciate having actually meals prepared, company at the table, and somebody else handling the laundry. Even when they select to return home, both the family and the neighborhood gain valuable insight into what future support may look like.

Third, respite supplies a safety net throughout shifts. After a hospitalization, for example, someone might not yet be safe to return home alone but might not need the complete intensity of proficient nursing. A short-term respite stay in assisted living, with the choice to extend, can smooth that recovery period and avoid readmission.

If you are considering assisted living however dealing with resistance from your loved one, framing the relocation as short-term respite rather than long-term moving frequently decreases defenses. It feels more like a trial partnership than a permanent decision.



A practical framework for choosing among options

Families often feel pulled between guilt, worry, and contrasting guidance from buddies or experts. A more grounded way to approach the decision is to look at three measurements: current needs, likely trajectory, and support capacity.

Here is a basic series numerous families discover helpful when comparing assisted living with other elderly care choices:

1. Clarify the individual's everyday reality

Invest a full day, or several, observing or asking specific questions about how your loved one handles. Concentrate on concrete tasks: bathing, dressing, toileting, eating, walking, medications, and family chores. Note what they do individually, what they make with effort or risk, and what they presently avoid or fail to complete.

2. Map those needs to care settings

With that photo in hand, match requires to the settings explained previously. For instance, if they are primarily independent however lonesome, independent living or boosted home assistance may suffice. If they need assist with several individual care jobs and medication management, assisted living ends up being more appropriate. If they are risky alone due to dementia, think about memory care. Major medical intricacy points towards skilled nursing.

3. Assess your household's sustainable support

Ask what level of time, physical effort, and psychological energy the household can reasonably supply over the next year, not simply the next month. Include everybody's work schedules, health problems, and monetary limits. It is better to be truthful now than to strike a crisis later on because everyone silently assumed someone else would step in.

4. Factor in personal worths and personality

Some older grownups grow in community settings, signing up with every activity and forming brand-new relationships. Others are deeply personal and value control of their environment above nearly whatever. Consider their lifelong tendencies. An introverted person might still succeed in assisted living if they have a quiet apartment and considerate personnel, but they might need more powerful reassurance about personal privacy and choice.

5. Revisit as conditions change

No choice is permanent. The ideal answer this year might be wrong 2 years from now. Integrate in routine check-ins, maybe every six months, to ask whether the present arrangement is safe, sustainable, and lined up

with your loved one's self-respect. Early modifications are far less disruptive than emergency situation moves.

Using this procedure, assisted living emerges not as a vague middle category, however as a very specific match for somebody who requires constant assistance with daily tasks, a safer environment, and social structure, however who does not yet need constant medical care.

Final thoughts: stabilizing safety, self-reliance, and dignity

Senior care decisions are rarely cool. Siblings might disagree. A parent may decline any change at first. Financial constraints restrict choices. Emotions run high, particularly when roles reverse and adult children begin to promote for parents who as soon as took care of them.

Yet there is likewise a chance here. Thoughtful use of assisted living, respite care, and other senior care choices can extend not just the length of life, however the quality of the years staying. The aim is not merely to keep somebody alive, however to support them in living as totally and securely as possible within their current abilities.

When assessing options, keep returning to 3 questions.

Is my loved one safe in a way that is sustainable, not depending on heroic efforts every week?

Do they have sufficient assistance to maintain some joy, function, or comfort in daily life, not simply to survive?

Can this plan flex as their needs alter, without plunging everyone back into crisis?

If you can answer yes to those three, whether the setting is assisted living, home with robust support, or a greater level of elderly care, you are on solid ground. If not, it might be time to reconsider how the various care levels explained here can collaborate to develop a more stable and humane course forward.

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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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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<https://beehivehomes.com/locations/san-antonio/>

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<https://www.facebook.com/sweethoneybees>

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Yes. Our nurse is on-site as often as is needed and is available 24/7.

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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Take a scenic drive to [Historic Market Square El Mercado](#) only about 29 minutes away from our BeeHive Homes of Crownridge Assisted Living & Memory Care