

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

Follow Us:

- Facebook: <https://www.facebook.com/sweethoneybees>
- Instagram: <https://www.instagram.com/sweethoneybees19/>

Explore this content with AI:

 [ChatGPT](#)  [Perplexity](#)  [Claude](#)  [Google AI Mode](#)  [Grok](#)

Families rarely take a seat one day and state, "It is time for assisted living." What really happens is slower and more confusing. A missed out on medication here, a small kitchen area fire there, a couple of worrying falls that "weren't a huge deal." Adult children start comparing notes after holidays. A partner silently compensates till exhaustion sets in.

Choosing the best level of elderly care is less about labels and more about truthful, comprehensive observation of every day life. Terms like independent living, assisted living, respite care, and competent nursing can sound cool on a brochure, but real people never fit perfectly into neat boxes. That is where judgment, perseverance, and good questions matter.





I have sat in living spaces with adult children who made certain they were "simply looking" at choices and 6 weeks later remained in crisis mode because of a major fall. I have also satisfied lots of older grownups who flourished for years longer than anybody anticipated since the family chose the least restrictive level of senior care that still kept them safe. The art is in finding that balance.

This guide strolls through how to consider levels of care, what to look for in the house, and how to move from independent to assisted living in a way that appreciates both safety and dignity.

How levels of elderly care fit together

Before getting into assessments and indication, it helps to see the big image. Elderly care in the majority of neighborhoods falls along a continuum, from minimal support to intensive medical care.

A quick snapshot of typical care levels:

- Independent living: Private apartments or homes with optional services like meals, housekeeping, and social activities, but no hands-on care.
- Assisted living: Real estate plus help with everyday activities such as bathing, dressing, and medications. Personnel on site 24/7, however limited medical care.
- Memory care: A protected environment with personnel trained for dementia and Alzheimer's, frequently part of an assisted living or competent nursing campus.
- Skilled nursing (nursing home): The greatest level of ongoing medical and personal care outside a medical facility, with nurses available around the clock.

Respite care can exist at several of these levels. It simply indicates short-term care, frequently used to offer a household caregiver a break, or to recover after a medical facility stay before returning home.

Real lives frequently return and forth on this continuum. A person might live independently, break a hip, invest short-term rehabilitation in a competent nursing center, then move into assisted living, and occasionally utilize respite care after a health problem. Believing in terms of versatility, not one decision, makes the process less overwhelming.

Start with the day, not the diagnosis

Families typically frame the question around medical conditions. "My father has diabetes and mild heart disease, so he should require X." That method can misinform you. 2 people with the very same diagnosis may work at very various levels.

Instead of starting with the medical chart, begin with the ordinary day. If you shadowed your parent or partner for 24 hours, where would you see threat, strain, or confusion?

Good senior care choices come from really comprehensive, very useful questions. For instance:

Does the individual remember to take medications on time without reminders?

When they shower, can they safely get in and out, wash completely, and dry off without losing balance? If the smoke detector went off at 2 a.m., would they know what to do and be able to do it? Can they handle their own mail, costs, and basic money choices without somebody capturing errors?



These sort of questions tell you more about the right level of care than a medical diagnosis alone. A person with several health conditions might still live rather independently with a bit of help, while someone with early dementia may require monitored support much earlier than the household expects.

An easy framework for evaluating needs

Professionals frequently speak about ADLs and IADLs. These scientific acronyms actually explain the foundation of everyday life.

Activities of day-to-day living (ADLs) consist of bathing, dressing, grooming, toileting, eating, and mobility or transferring (for instance, getting in and out of a chair or bed). When someone starts to require hands-on help with one or more ADLs, assisted living or at home assistants generally get in the picture.

Instrumental activities of daily living (IADLs) are the complex tasks that keep a family and life running. Cooking, cleaning, doing laundry, managing medications, shopping, utilizing transportation, and dealing with financial resources fall into this group. Struggles here are frequently the first visible signs that an older grownup is not fully independent anymore.

I encourage families to think in three layers:

First, what is the person doing securely and reliably on their own, every day, without pointers or supervision?

Second, what are they technically doing alone however only due to the fact that someone is compensating behind the scenes, such as pre-filling tablet boxes, managing all the driving, or silently footing the bill?

Third, what are they refraining from doing at all, or plainly doing in a risky way: avoiding showers for fear of falling, leaving burners on, or losing track of time outside the house?

Once you have that picture, you can match it to the environment most fit to those needs, instead of beginning with what is available in your area and trying to require a fit.

When independent living still works

Independent living is created for older adults who are generally self-sufficient but want community, benefit, or a "soft landing" from home upkeep. Think of it as apartment or condo living for senior citizens, with security features and services nearby.

For the ideal person, independent living can postpone or even prevent a relocate to assisted living. I have seen individuals bloom when they no longer required to stress over cooking for one or shoveling snow, and that additional energy translated into much better health habits.

Independent living is typically a great fit when:

The person manages their own medications properly, or just needs light assistance such as a weekly pillbox setup.

They move safely with or without a walker, have extremely irregular falls, and know when to use emergency situation call systems. Memory is primarily intact. Periodic lapse of memory does not interfere with security or finances. They can browse basic innovation like a phone and television remote, and call for assistance when required.

The danger with independent living is assuming that personnel will "watch on things." Lots of independent living communities are lawfully restricted in what they can do in regards to hands-on care. If your relative starts avoiding meals, gets lost in the corridors, or stops going to activities, the neighborhood might inform you, however they will not immediately step in the way an assisted living team would.

Families must have a clear, early contract with the resident and the neighborhood about triggers for reassessment. For instance, two or more falls in three months, visible weight loss, or constant missed out on medications may trigger a formal evaluation for assisted living.

What assisted living in fact offers (and what it does not)

Assisted living frequently sits in the gray area in between independent living and nursing home care. It is also where I see one of the most confusion and mismatched expectations.

In a well run assisted living neighborhood, citizens still have a significant degree of autonomy. They lock their own doors, furnish their own apartment or condos, and decide how to invest most of their day. The essential difference is that staff assist with ADLs and monitor health related routines.

Typical services include assist with bathing and dressing, reminders or administration of medications, escorts to meals if walking is tough, and monitoring of fundamental health indications such as weight, hunger, and behavior changes.

Families often overestimate the medical aspect. Assisted living is not a substitute for a nursing home in complicated medical situations. Staff may handle basic injury care, monitor high blood pressure, or assist an individual with diabetes, however they are not equipped for ventilators, advanced pressure ulcers, or unpredictable medical crises that need continuous nursing oversight.

The sweet spot for assisted living generally appears like this:

The person needs hands-on assist with one or more ADLs. Possibly they can no longer shower safely alone, or they have problem with managing numerous medications accurately.

Cognitive modifications are present but not so severe that the person wanders regularly or ends up being a clear threat to others. Chronic health conditions are mainly steady under physician supervision, with foreseeable routines that trained caretakers can help bring out. The person benefits from integrated in social contact and structure, such as dining with others and participating in prepared activities.

When member of the family are stressing out from "drive by" caregiving several times a day, assisted living often brings back balance. Instead of juggling medication suggestions, incontinence care, and night time calls, relatives can go back into a more relational role and let the community manage the physical care routines.

Memory care and cognitive safety

Cognitive decline alters the equation in subtle methods. A person might still stroll well and deal with basic self care, yet be unsafe in your home because of bad judgment, disorientation, or unpredictable behavior.

Common signs that memory care, or a minimum of structured monitored living, need to be on the table include:

Leaving home and getting lost in familiar neighborhoods.

Becoming suspicious or paranoid about caretakers or neighbors. Risky usage of home appliances, such as putting [respite care](#) metal in the microwave or forgetting food on the stove. Sundowning, with agitation or confusion intensifying in the late afternoon and evening.

Memory care systems inside assisted living or nursing homes are normally protected and have staff experienced particularly in dementia care. Activities are customized to much shorter attention spans. Visual hints and simple designs help citizens browse. The goal is not just security, however likewise preservation of remaining skills and reduction of traumatic behaviors.

It can be tough for households to accept the need for a locked system. Many feel it is "too limiting." The concern I ask is whether the current setting allows the person to be as safe and calm as possible. If a partner spends every night chasing their partner down the street because they strayed in pajamas, a guaranteed environment can really bring back more self-respect to both people.

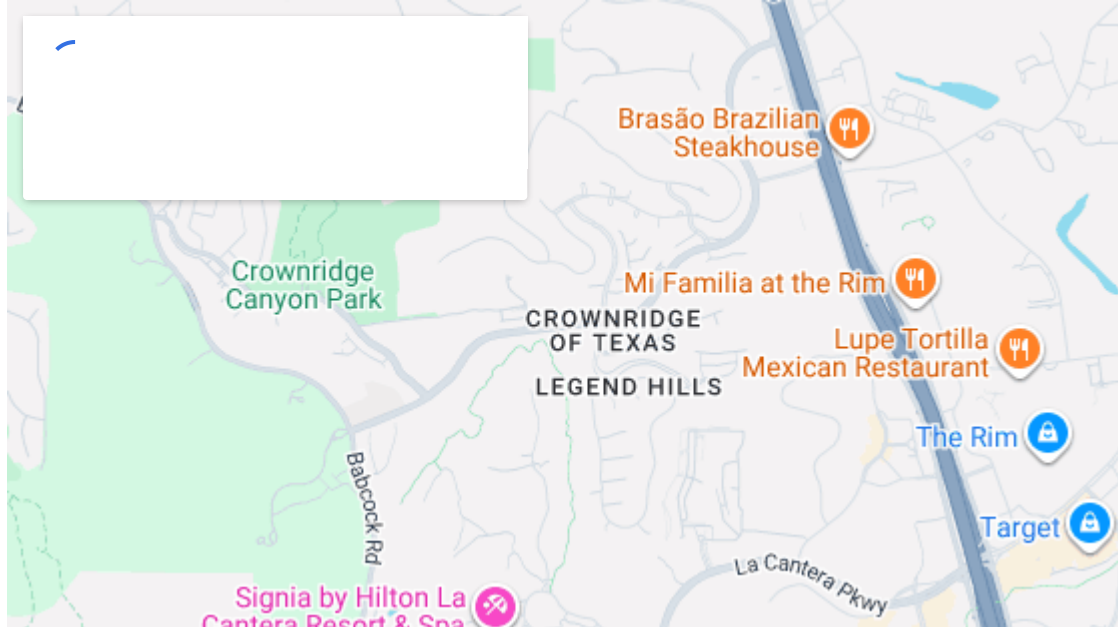
Skilled nursing and when it becomes necessary

Skilled nursing centers, frequently called nursing homes, are the most extensive form of senior care in a non health center setting. People in some cases fear this level, viewing it as a last hope. Yet for some, it is simply the appropriate reaction to complicated medical and individual care needs.

Skilled nursing makes good sense when:

There are frequent or unpredictable medical problems that need close monitoring by nurses, such as complicated injury care, IV medications, or oxygen that can not be safely managed in assisted living.

The person is totally or mainly dependent for transfers, toileting, and feeding, particularly if they are heavy or not able to help caretakers, which increases the threat of injury to household or assisted living staff. There are serious swallowing problems, frequent goal pneumonia, or the requirement for feeding tubes. Behavioral symptoms of dementia are dangerous and can not be handled safely in a lower skill setting.



A helpful psychological filter is this: if you would not feel comfy leaving this person for eight hours in the care of a recently trained caretaker without direct nurse guidance, skilled nursing may be better suited than assisted living.

Where respite care fits into the picture

Respite care frequently does not get sufficient attention, yet it is one of the most valuable tools in senior care planning. It just implies short-term, momentary care that offers the main caregiver a break.

Respite can happen in several settings:

A couple of days or weeks in an assisted living neighborhood, using a supplied home and short-lived care plan.

Short-term admission to a knowledgeable nursing center for rehab or healing after disease, frequently with Medicare or other insurance coverage. In home aides who come for a set number of hours each week so a spouse or adult kid can rest or handle other responsibilities.

Using respite care early often helps families postpone permanent placement. A spouse who understands they will get a complete week of rest every couple of months is usually more able to sustain caregiving in your home the remainder of the time. It also gives both caregiver and care recipient a possibility to "check drive" a neighborhood setting without devoting to a complete move.

I have actually seen numerous effective transitions where the first experience with assisted living was actually a respite stay. Familiar faces, routines, and a known building made the eventual long-term move feel less like a disruption and more like going back to a known safe place.

Balancing safety, self-reliance, and identity

Every choice about moving from independent to assisted living, or beyond, rests on a three legged stool: security, independence, and identity. If you focus solely on security, you risk removing away autonomy and creating bitterness. If you focus only on independence, you might disregard dangers that can cause disastrous outcomes.

The trick is to ask, "What is the least limiting environment that still keeps this individual fairly safe?" That phrase, reasonably safe, is important. No setting can remove all threat, and trying to do so often causes overprotection that wears down quality of life.

Respecting identity indicates focusing on what offers the individual a sense of self. A retired engineer might feel comfortable in a neighborhood with woodworking or playing areas. An individual of strong faith may prioritize a location with routine religious services. Someone who has actually constantly valued privacy might prefer a smaller assisted living over a large campus with busy typical areas.

I typically suggest families involve the older adult in visits to several communities, even if cognitive decrease is present, and watch their responses. Do they illuminate throughout a music program? Do they seem overwhelmed by noise? Do they remain by the garden or the library? These small ideas assist match character to environment, not simply care requirements to services.

Money, timing, and what families want they had actually understood earlier

Financial realities shape options. Assisted living expenses can range extensively depending upon location, from modest month-to-month costs in some areas to luxury-level rates in others. Competent nursing is typically more costly, but might have more coverage choices through Medicare or long term care insurance coverage, specifically for post acute stays.

A couple of patterns come up repeatedly in household discussions:

People frequently ignore how long they will need assistance. Preparation as if care will last at least 3 to five years, and possibly longer, produces more reasonable budgeting.

Adult kids sometimes assume their parent will "never ever move" or "decline care," only to discover that honest, early discussions lower resistance. Numerous households await a crisis before exploring neighborhoods. Touring when you are not in crisis allows you to compare alternatives in a calmer method, without a hospital discharge organizer advising a very same day decision.

If you can, talk with a trusted elder law attorney or financial organizer who understands senior care. Comprehending what assets are secured, how Medicaid rules work in your state, and whether any long term care policies apply takes some of the worry out of decision making.

Talking about the transition without breaking trust

The emotional side of moving from independent to assisted living is generally harder than the logistics. Losing a home, or even simply acknowledging that assistance is required, can feel like a loss of control.

A few principles assist those discussions go much better:

Start early, when the relocation is still theoretical. It is simpler to talk about "sooner or later, if you ever need more assistance" than "you should move next month." Early talks create a shared language for later decisions.

Describe your observations, not verdicts. "I have noticed three falls this year, and I am stressed over you being alone in the evening" opens area for discussion. "You can not live alone anymore" corners the other person. Deal options where you can. Even if staying fully independent is no longer safe, you may have the ability to provide options between two communities, or in between a studio and a one bed room, or in between moving in spring or fall. Well framed choices protect agency. Be sincere about your own limits. Spouses and adult kids frequently assure "I will never put you in a home" due to the fact that it feels caring. When truth makes that promise impossible to keep, guilt and resentment flourish. It is more truthful and kinder to say, "I will always ensure you are looked after, even if at some time I can not do all the care myself."

I have actually seldom seen a family regret being sincere about burnout. I have actually typically seen caretakers end up in the health center due to the fact that they waited too long to seek more structured support.

What to search for when you tour senior care communities

Once you have a sense of the right level of elderly care, the question ends up being which specific community or firm to select. Sales brochures and sites are developed to look impressive. The genuine story depends on the details you see throughout a visit.

Consider these questions when you tour:

- How do staff speak with locals: by name, at eye level, and with persistence, or as jobs to be completed?
- Do common locations look utilized and comfy, or staged and empty?
- Are there homeowners with requirements similar to your relative, and do they appear engaged and fairly content?
- What is the personnel turnover rate, particularly amongst assistants and nurses, over the last year?
- How does the community handle modifications in condition, such as more frequent falls or brand-new behaviors associated with dementia?

If possible, visit unannounced during a meal time. Watch how long residents wait for help. Listen to the tone in the dining-room. Smell matters too; occasional odors in health care settings are inevitable, but strong, persistent smells of urine or cleaning chemicals mean persistent issues.

Ask to see an example care plan for an imaginary resident with needs similar to your loved one. The level of detail, and how personalized it seems, will inform you a lot about their technique to elderly care.

Using respite and gradual actions to relieve the move

For lots of older grownups, the initial step away from living totally independently does not have to be an irreversible relocation. A home care assistant a couple of times a week, adult day programs, or brief respite stays can create a bridge.

For example, a widowed gentleman who has actually stopped cooking may start with everyday delivered meals and a weekly housekeeping service. When mobility declines, he may add a morning caretaker to aid with bathing and dressing, while staying in his apartment. At some time, when nighttime wandering starts, a respite stay in assisted living can let everyone test whether that environment feels right, before any long term commitment.

These progressive actions lower the sensation of being "sent away." They also give families an opportunity to change their expectations. It prevails for relatives to imagine that assisted living will quickly fix all issues, from loneliness to chronic discomfort. In truth, it is one tool among many. Pain needs medical attention, grief requires time and possibly counseling, and loneliness frequently needs active motivation to take part in neighborhood life.

When a move does happen, attempt to bring components of home: familiar photos, a favorite chair, a quilt, or a favorite mug. These small anchors soften the shock and signal that the person is more than a room number in a senior care facility.

When you are still unsure

Even with mindful assessments and community visits, there are always gray areas. An individual may be borderline in between independent and assisted living, or in between assisted living and experienced nursing. In

those circumstances, it helps to ask yourself three questions.

If absolutely nothing altered and we not did anything for the next six months, what is the most likely outcome?

If we are incorrect and pick a lower level of care than needed, what are the biggest threats, and are we ready to accept them? If we are incorrect and select a higher level of care than required, what would the individual lose in regards to self-reliance and identity, and can we alleviate those losses?

There is hardly ever a perfect, run the risk of complimentary option. However clear thinking about trade offs causes decisions that many families can live with, even if the road is bumpy.

The relocation from independent to assisted living, or to any new level of care, is eventually about maintaining as much life as possible inside changing limitations. When you focus on concrete everyday truths, regard the individual's identity, and use respite care and other supports carefully, you can browse that transition with more self-confidence, and with less regret.

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

BeeHive Homes of Crownridge Assisted Living offers laundry services

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

BeeHive Homes of Crownridge Assisted Living offers all-inclusive pricing with no hidden fees

BeeHive Homes of Crownridge Assisted Living has a phone number of (210) 874-5996

BeeHive Homes of Crownridge Assisted Living has an address of 6919 Camp Bullis Rd, San Antonio, TX 78256

BeeHive Homes of Crownridge Assisted Living has a website <https://beehivehomes.com/locations/san-antonio/>

BeeHive Homes of Crownridge Assisted Living has Google Maps listing <https://maps.app.goo.gl/YBAZ5KBQHmGznG5E6>

BeeHive Homes of Crownridge Assisted Living has Facebook page <https://www.facebook.com/sweethoneybees>

BeeHive Homes of Crownridge Assisted Living has Instagram <https://www.instagram.com/sweethoneybees19>

BeeHive Homes of Crownridge Assisted Living won Top Assisted Living Homes 2025

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

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?

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

BeeHive Homes of Crownridge Assisted Living & Memory Care has license number of 307787

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

BeeHive Homes of Crownridge Assisted Living & Memory Care has capacity of 16 residents

BeeHive Homes of Crownridge Assisted Living & Memory Care offers private rooms

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

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

BeeHive Homes of Crownridge Assisted Living & Memory Care provides medication management

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

BeeHive Homes of Crownridge Assisted Living & Memory Care offers housekeeping services

BeeHive Homes of Crownridge Assisted Living & Memory Care offers laundry services

BeeHive Homes of Crownridge Assisted Living & Memory Care provides life-enrichment activities

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

BeeHive Homes of Crownridge Assisted Living & Memory Care supports seniors seeking independence

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

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

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

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

BeeHive Homes of Crownridge Assisted Living & Memory Care serves the communities of Crownridge, Leon Springs, Fair Oaks Ranch, Dominion, Boerne, Helotes, Shavano Park, and Stone Oak

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

BeeHive Homes of Crownridge Assisted Living & Memory Care offers all-inclusive pricing with no hidden fees

BeeHive Homes of Crownridge Assisted Living & Memory Care has a phone number of (210) 874-5996

BeeHive Homes of Crownridge Assisted Living & Memory Care has an address of 6919 Camp Bullis Rd, San Antonio, TX 78256

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

<https://www.instagram.com/sweethoneybees19>

BeeHive Homes of Crownridge Assisted Living & Memory Care won Top Assisted Living Homes 2025

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

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

People Also Ask about BeeHive Homes of Crownridge Assisted Living & Memory Care

What is BeeHive Homes of Crownridge Assisted Living & Memory Care 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 & Memory Care 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 & Memory Care have a nurse on staff?

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?

BeeHive Homes of Crownridge Assisted Living & Memory Care is conveniently located at 6919 Camp Bullis Rd, San Antonio, TX 78256. You can easily find directions on [Google Maps](#) or call at [\(210\) 874-5996](#) Monday through 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](#), 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