

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 frequently inform me the first tour felt persuading, the brochure looked warm, and the sales pitch sounded right. Then, two months after relocating, the truth on the night shift did not match the promises made at twelve noon. Memory care succeeds or stops working in the little hours of everyday life, not in the lobby during an assisted visit. That is why a short, structured respite stay is among the most trustworthy ways to select the right community for long-term dementia care.

I have helped ratings of households put a parent or spouse after months of tension in the house. The greatest moves hardly ever started with a deposit. They started with a trial, normally a respite stay of 7 to thirty days. A good respite stay shows you how your loved one sleeps, consumes, and settles with a brand-new regimen. It shows you how the care group deals with confusion at 5 a.m., lost dentures, or a blood pressure spike after lunch. Most notably, it provides your loved one a possibility to feel the location, not just visit it.

What respite remains appear like in memory care

Respite care in a memory care neighborhood is a short-term, supplied stay with access to the same services that permanent residents get. The exact setup differs, but a few patterns hold:

- Duration and timing. Most programs provide stays from 7 to thirty days, though I have seen 3-day minimums for immediate caregiver breaks and 45-day alternatives when a home renovation or recovery is underway. The calendar matters, because weekends and vacations can expose various staffing patterns than midweek days.
- Suites and furnishings. Respite suites are usually provided, that makes flying starts easier. That stated, small individual touches speed orientation. A familiar quilt or a framed wedding picture often has more settling power than a new armchair.

- Rate structure. Expect everyday rates that fall in between the neighborhood's released regular monthly rate divided by 30 and a 10 to 25 percent premium for short-term flexibility. If the community uses level-of-care pricing, the respite rate might include just a base tier, with supplements included for insulin administration, 2 person transfers, or regular redirection.
- Assessment and documents. Even for a short stay, neighborhoods complete a nurse evaluation, review medications, and request a physician's orders. Some require a tuberculosis screen or chest X-ray within the in 2015, and proof of COVID and influenza vaccination or a waiver. A short service plan is developed from that consumption and must not be an afterthought.
- What is consisted of. Meals, housekeeping, activities, and basic personal care are basic. Therapy services, private sitters, and outside appointments are usually billed individually. Transport for medical visits throughout respite may not be readily available or may carry a fee.



These guardrails exist for good reason. Memory care is not a hotel, it is a specific type of senior care that blends clinical routines with every day life. The assessment step, even if it feels governmental, is where a community chooses whether it can safely meet your loved one's needs.

What a tour can disappoint, and a trial can

A tour is staged. A respite stay is lived. Numerous important truths emerge just when someone sleeps, bathes, and consumes in the space.

Nighttime rhythms enter focus. If your dad sundowns, does staff catch the early signs and motivate relaxing regimens, or do they count on a sedative? If he wakes at 3 a.m. And wanders, does he come across people who know his name, or locked doors and alarms without any response?

The real personnel ratio shows itself. Published ratios are averages. The ratio that matters is who is on the floor, awake, and engaged at the moments of care. You will observe if the same three aides keep showing up, calm and consistent, or if every day seems like a brand-new cast of strangers.

Meals tell you more than menus do. View whether staff notice if somebody stops eating midway through or requires hints to cut food. See if finger foods are readily available for those who pace. A person with dementia can lose five pounds in a month if meal assistance is weak.

Activity programs expose engagement style. Calendars can look full without depth. During respite you can see if the 10 a.m. Activity draws individuals from their spaces, if staff adapt jobs for different cognitive levels, and if quieter locals get one to one time.

Medication management becomes noticeable. Hold-ups, sloppy handoffs, and drug store problems surface in the very first week. A skilled medication assistant presents themselves, discusses changes in plain language, and files refusals without drama or blame.

Most families likewise detect tone. Some neighborhoods run on hurried compliance. Excellent memory care runs on relationships. The difference feels apparent within a couple of days.

What to enjoy during a respite trial

Use the stay to collect real, concrete observations instead of general impressions. A short list helps focus your time.

- Transitions: Note the very first 3 early mornings and bedtimes. The length of time up until your loved one accepts aid with dressing, bathing, or medications without agitation?
- Staff interactions: Count how many staff call your loved one by name, make eye contact, and crouch to their level rather than talking over them.
- Response times: Time the interval from pressing a call pendant to staff arrival a minimum of two times, as soon as during the day and when at night.
- Engagement: Track how many minutes your loved one invests in common areas, and whether an activity holds their attention for at least 15 to 20 minutes.
- Health markers: Weigh on arrival and departure, note hydration triggers, bowel pattern, and any skin changes. Little shifts can foreshadow bigger issues.

I encourage households to keep an easy notebook. Brief dated entries beat hazy memory when you compare neighborhoods later.

Preparing an individual with dementia for a brief stay

A smooth respite starts days before arrival. People dealing with cognitive changes read more from tone, speed, and environment than from explanations. Frame the remain in language that matches your loved one's truth. For someone who misses out on office life, call it a short-term task while your house gets serviced. For a retired instructor, explain it as assisting at a friendly program.

Pack light, but pack wise. Three or 4 clothing that are simple to place on and remove, encouraging shoes, and identified socks prevent morning delays. Bring present prescriptions in initial bottles unless the community requires pharmacy blister loads. Include listening devices with an identified case and extra batteries, glasses with a strap, and denture cups with names. Label everything, consisting of the quilt and sweatshirt. Neighborhoods attempt, but laundry is an effective black hole in any shared setting.

Create a one page life story. Consist of chosen name, past profession, regimens, triggers, relaxing methods, favorite foods, music that soothes, bath choices, and key family contacts. Include a little photo collage. Good groups will publish this at the workstation or in the room, and you will see assistants use it to spark discussion and reduce distress.

If you use tracking innovation in your home, like a GPS watch, ask how it fits with the community's policies. Lots of memory care units have safe and secure borders and will wish to coordinate settings to avoid false alerts.

Working with the care team during the stay

The evaluation is not a one time occasion. Use the first 72 hours to improve the care plan. Share concrete examples of habits that respond to certain techniques. If your other half accepts medication with yogurt but refuses with water, put it in composing. If your father gets agitated by rushed hints, ask personnel to slow the sequence and lower verbiage.

Arrive at a little various times over the first week. Morning and late afternoon provide the clearest photo. Keep your visits supportive, not supervisory. Communities work best when households are partners in dementia care, not enemies. That stated, persist with courteous uniqueness. Unclear feedback produces unclear change. Mention what you appreciate with the same precision. Staff notice.

Ask to review vital indications and medication administration records before discharge from the respite. You will see if a standing PRN was utilized for agitation, or if a bowel regimen needs modification. A small, early tweak can prevent a waterfall of problems.

Reading the fine print around cost and commitments

Respite is much shorter, however the financial guidelines matter. Clarify whether there is a different respite arrangement or if it falls under a standard residency agreement. Ask if a part of the respite cost transforms to a credit against an eventual move in cost. Some neighborhoods waive the neighborhood fee if you move within 30 to 60 days of a respite stay.

Understand what the everyday rate covers. In level based prices, the base rate may not consist of diabetic management, specialized wound care, or 2 individual transfers. If the nurse will reassess care level mid stay, ask how changes are communicated and priced. For a 2 week stay, a level step up midway through can include a number of hundred dollars unexpectedly.

Get clear on deposit, refund, and cancellation guidelines. If your loved one refuses to stay or is hospitalized on day two, you need to understand whether charges prorate. Ask who is economically accountable for losses, spills, or harmed furnishings in a furnished respite suite. This hardly ever becomes a concern, however dementia care lives in the real life of accidents.

Insurance protection for respite is restricted. Conventional Medicare does not cover custodial respite in memory care neighborhoods. Some long term care insurance coverage repay brief stays if preauthorized and if the neighborhood fulfills licensure requirements. Veterans may qualify for restricted respite advantages through the VA, either in VA contracted facilities or through versatile in home assistance. Confirm with the insurance company before you set up the start date.

Clinical proficiency is the hinge that everything swings on

Memory care is not interchangeable from one building to the next. The difference lies in training depth, group stability, and the culture around habits. I listen closely when personnel explain residents. Do they label people by challenges, like wanderer or feeder, or do they inform you Mr. R likes jazz at 4 p.m. Because that is when he used to commute? This language hints at the operating system.

Ask about personnel training hours specific to dementia care, not just general orientation. I look for a minimum of 8 to 12 hours at first, with refreshers every quarter. Probe night shift training as independently as [BeeHive Homes of Crownridge Assisted Living & Memory Care senior care](#) day shift. Question task patterns. Constant staffing builds trust, and trust decreases medication use over time.

If your loved one deals with Parkinson's dementia, Lewy body dementia, frontotemporal dementia, or combined vascular modifications, check out how the team adapts. These conditions do not present the same needs. Visual

hallucinations in Lewy body respond badly to many antipsychotics. Frontotemporal dementias often need structure that decreases impulsivity rather than redirection for memory spaces. Neighborhoods that comprehend these differences will describe specific techniques rapidly and confidently.

Look at nurse protection. Many states require a nurse on call, however not on website, for assisted living level memory care. For someone with complicated diabetes, anticoagulation, or cardiac arrest, I choose neighborhoods with on website nurse presence for a minimum of part of the day, every day. If staffing is lean overnight, reputable escalation to an on call nurse matters.

Daily life, not just safety

Families stress very first about safety, which is proper. Protected exits, elopement procedures, and fall avoidance should have examination. Yet lifestyle frequently turns on quieter functions. Exist flexible meal windows for people who wake late? Are treats available for grazers who fight with 3 big meals? Do citizens sit at constant tables that encourage social connection, or does seating shift in ways that confuse?

People with dementia often gain from regimens that blend predictability with option. The very best activity calendars are not the busiest, they are the most adjustable. A man who fished every weekend may get in touch with a weekly water themed sensory cart, not a generic bingo square. Ask how specific interests get woven into the program beyond one to one volunteers.



Outdoor access is another quality marker. Fresh air reduces agitation for many individuals, especially those who paced when they were more youthful. A small protected patio utilized daily does more good than a large courtyard that opens twice a month.

Behavior assistance philosophy tells you what occurs on tough days

Every neighborhood declares it handles behaviors. Inquire about particular tools. I try to find nonpharmacologic techniques developed into everyday regimens, not simply took out when there is a crisis. For example, do assistants have peaceful activity sets for agitated citizens? Do they turn stimulating and relaxing spaces to manage energy? When a resident strikes out during personal care, do they stop briefly, step out, and reapproach with a various staff member, or push through and escalate?

Medication has a role in dementia care, especially for serious distress, anxiety, or psychosis. It should not be the default for staffing gaps or hurried regimens. Throughout respite you can read patterns. If a PRN is utilized 3 afternoons in a row, ask what occurred in the hours previously, not just what took place at the moment of dosage.

Cost math that respects caregiver reality

Home care, adult day, and memory care are not apples to apples. Households typically compare month-to-month neighborhood costs to their present expense in your home and see a big jump. Include the unsettled hours you or a spouse spend, the night wakings, and the opportunity expense of missed out on work. The calculus changes.

Daily respite rates frequently range from 150 to 300 dollars depending upon region and care level. Adult day programs generally land between 70 and 140 dollars each day, often with transportation included. In home aides can run 28 to 45 dollars per hour, with higher rates for nights and weekends. If your loved one requires near continuous guidance for safety, a memory care respite can be both a break and an information abundant trial rather than simply another expense.

If financial resources are tight, attempt a shorter weekday focused respite to sample common staffing, then schedule a weekend stay later to evaluate off hour coverage. Some neighborhoods provide decreased rates throughout low tenancy durations or credit part of the respite toward a future move. Ask directly. Sales teams have latitude they do not advertise.



A short story from the field

A child brought her mother to a 10 day respite after a hospitalization. In the house, the mother had started pacing in the evening, knocking on neighbors' doors by dawn, and declining showers. The first two days at the community were rough. The mother attempted to leave through the personnel door, called for her mother, and refused breakfast. The personnel did not push, but they did not pull away either. The activity organizer observed the mother stopped briefly at a corridor picture of a 1950s kitchen area. They printed a larger copy and taped it inside her room near the restroom. On day three, the daughter checked out early, and they tried the shower with music from the Andrews Sisters and a familiar green towel from home. It worked. By day 5, the mother was attending a brief 9 a.m. Coffee group and eating half a muffin. The child extended the respite to 21 days, then transformed to long term. The choosing factor, she told me later, was not that the behavior stopped. It was that the group kept adjusting, kept trying little, gentle tweaks, and welcomed her to assist shape them.

When the trial states no

Not every respite ends in a relocation, and that can be a gift. One gentleman ended up being more upset during his 14 day stay regardless of helpful care. His household saw that he required a memory care with a smaller sized, quieter environment and a nurse on site 12 hours a day due to complex Parkinson's medications. They utilized the notes from the respite to improve their search requirements, explored 3 communities that matched, and attempted a second respite in other places. The second setting fit. Had they signed a lease at the first community, they would have been locked into an expensive and demanding second move.

When a trial does not fit, share your observations when you decrease. Good operators will request for feedback and often even point you toward a better match. The senior care world is smaller sized than it looks, and individuals talk. Expert courtesy can open doors for the next household too.

Turning a short stay into a smooth long-term move

If the respite feels right, you have a head start on an elegant shift. Use momentum while respecting the individual's pace.

- Ask the group to preserve the very same space and primary assistants if possible. Familiar faces and layout lower disorientation.
- Convert the respite care strategy into a complete strategy with particular language about what worked during the trial.
- Move individual products in phases. Start with essentials and a couple of favorites. Include more design steadily over the first two weeks.
- Schedule household visits at constant times the first week post relocation, then gradually vary times so the resident engages even when you are not there.
- Set a 30 day check in with the nurse and administrator to review weight, sleep, engagement, and any medication changes.

If the community charges a community fee or needs new documents, do not assume anything rollovered from respite. Check out again. Information wander between departments, particularly when sales, nursing, and workplace each deal with a piece.

Red flags that matter, even during a brief stay

I prevent huge red flag lists, however a few patterns deserve attention. If you see staff canceling activities consistently because they are brief, consider what else gets cut. If call lights go unanswered in the evening while you wait with your parent in the hall, do not rationalize it away. If the nurse can not explain medication changes clearly, or if the doctor is inaccessible for days, anticipate more of the exact same later on. If your loved one loses more than two pounds in a two week respite without an obvious reason, and nobody observed till you asked, food support might be weak.

On the favorable side, when an aide remembers a story from your father's Navy years and uses it later to calm him, you have actually seen relationship based care. When a janitor welcomes your mother by name and jokes carefully about her love of lemon cookies, you have actually glimpsed a healthy culture that surpasses titles.

The function of respite even if a relocation is months away

Caregivers often think twice to try respite while they still manage in your home. They fret it indicates surrender or that their loved one will feel deserted. Utilized well, respite is not an ending, it is a tool. It can give a spouse 10

undisturbed nights of sleep to reset patience and health. It can let you test driving patterns, like getting to a medical professional without 2 hours of coaxing. It can likewise function as a safety valve for emergency situations. If you have already completed intake at a neighborhood through a previous respite, a sudden hospitalization for the caregiver will not become a positioning crisis.

Some families set a cadence, 2 brief stays each year. The individual with dementia experiences the environment as familiar, not foreign, that makes any future permanent relocation less jarring. Personnel understand the person, and their care strategy is currently a living document.

Final ideas from the trenches

Choosing memory care is not about discovering the prettiest structure or the most affordable cost. It is about the daily fit in between a person's dementia care needs and a team's capability to satisfy them with skill and respect. A respite trial pulls that fit into view. It slows the choice enough to let you see what matters most while your loved one experiences the place beyond a lobby conversation.

If you deal with respite as both a break and a field test, prepare well, partner with the group, and view the quiet information, you will step into long term care with more confidence. The best neighborhood will show itself not with pledges, but with stable, ordinary skills. Which is the ground you can develop on.

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

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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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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.

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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