

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 often connect about respite care at a snapping point. A partner has actually not slept through the night in months. An adult child is juggling a full-time job, parenting, and day-to-day visits to a parent who requires aid with almost everything. A fall, a hospitalization, or just caregiver exhaustion finally forces the question: is there a safe place my loved one can remain for a brief time while we regroup?

Respite care in assisted living and nursing homes exists specifically for these minutes. Utilized well, it can support a tight spot, prevent burnout, and even improve long-term outcomes for both the older grownup and the primary caretaker. Utilized improperly, it can feel hurried, confusing, and disruptive.

This is an in-depth look at what households need to know before organizing short-term senior care, with a concentrate on how respite works inside assisted living neighborhoods and experienced nursing facilities, and what trade-offs to expect.

What respite care actually suggests in senior care

The term "respite care" simply implies short-term care that offers the typical caretaker a break. In practice, it generally describes a short remain in an assisted living neighborhood or a nursing home, sometimes called:

Respite stay.

Short-term stay. Trial stay. Holiday stay. Post-acute or rehabilitation stay (in nursing homes, typically after a healthcare facility stay).

The purpose is not just to "park" someone. Good respite care aims to keep security, address medical or practical requirements, and offer structure, social contact, and some enjoyment while the household caretaker rests or handles other urgent matters.

Most respite stays last from a couple of days to a couple of weeks. Some programs cap stays at thirty days, others are more flexible. I have seen families use respite yearly for planned caregiver holidays, and others utilize it as a bridge while home care services are being organized or the home is being modified.

What respite care is not: a magic reset button or a way to repair long-standing family dispute. It is a tool, one piece of the more comprehensive senior care toolbox, that works best when expectations are clear.

Why households turn to respite care

Caregivers seldom request assistance early. They tend to stretch up until something provides. By the time respite care shows up, there is often an immediate trigger. Common situations I see:

A partner caring for a partner with dementia has gone months with damaged sleep and is starting to make mistakes, miss medications, or feel hazardous driving.

An adult child is covering most hands-on care after work and on weekends, while likewise raising kids. A week of business travel or a school trip finally makes the schedule impossible. A hospitalization leads to release orders that are more intricate than previously. The medical facility wishes to send the patient home, but the family understands the home setup is not ready. A caretaker has surgical treatment, covid, or another disease and can not securely supply transfers, toileting help, or consistent supervision for a duration of time. Vacations or household crises stretch everyone thin, and a brief stay ends up being the most reasonable method to keep an older adult both safe and cared for.

Behind all of these is a simple truth: sustained caregiving is work. Physically, mentally, economically. Respite care acknowledges this reality and builds in breathing space without abandoning the older adult's needs.

Types of respite: assisted living versus nursing home

Respite care in assisted living and respite care in a nursing home both provide short-term stays, but they are developed on very different care models.

Assisted living is mostly a social and support design. Locals normally live in apartment-style systems, receive assist with everyday activities such as bathing, dressing, and medications, and have access to meals, housekeeping, and activities. Nursing personnel might be on site, but 24-hour experienced nursing is not the main design.

Nursing homes, or knowledgeable nursing centers, operate on a medical model. They have actually accredited nurses all the time, more scientific oversight, and the capability to handle complicated medical needs, such as wound care, IV medications, oxygen management, tracheostomies, or intensive rehab therapies.

That difference in core function forms what respite looks like in each setting.

In assisted living, respite stays are best matched for older grownups who:

Need cueing or hands-on assist with everyday activities.

Are normally clinically stable. Might have early to mid-stage dementia, as long as they are not extremely resistive or prone to wandering into hazardous areas. Do finest in a home-like, social setting rather than an institutional one.

In a nursing home, respite care makes good sense for older adults who:

Have just remained in the medical facility and still need rehabilitation therapies.

Require experienced nursing tasks such as injections several times a day, complex wound care, or frequent medical monitoring. Have advanced dementia with considerable behavioral symptoms that a common assisted living can not manage. Required total support with movement and self-care, particularly if safe transfers are hard at home.

The very same individual may use each type at different points. I have dealt with people who first utilized a nursing home stay after a hip fracture, then later used respite in assisted living once they stabilized and no longer required consistent medical care.

Key differences families notice

When families tour both types of neighborhoods, a few distinctions show up consistently. A succinct contrast assists set expectations.

Here is a brief list of differences that frequently matter to families purchasing respite care:

- **Environment:** Assisted living generally feels more like an apartment or hotel, with common lounges and dining rooms. Nursing homes feel more scientific, with nursing stations, more devices, and shared rooms.
- **Staff focus:** Assisted living personnel spend more time on social engagement and day-to-day living support. Nursing home teams focus more on medical jobs, rehabilitation, and medical stability.
- **Typical roommate scenario:** Assisted living respite stays are more frequently in private or semi-private "guest" units. In nursing homes, shared rooms prevail, particularly if insurance is paying.
- **Activity design:** Assisted living calendars highlight social activities, outings, and entertainment. Nursing homes provide activities but need to accommodate individuals who are weaker or medically fragile.
- **Cost structure:** Assisted living respite is generally private pay, frequently at a day-to-day rate that consists of a service bundle. Nursing home stays might include Medicare or Medicaid protection under certain conditions, but private pay prevails when those do not apply.

Families should think less in terms of "which is better" and more in regards to "which is the much safer and better match for my loved one's existing needs."

What actually occurs during a respite stay

Short term senior care in a residential setting has its own rhythm. Comprehending the flow can minimize stress and anxiety for both the older adult and the family.

Admission begins with an evaluation. A nurse or care coordinator will evaluate medical history, current medications, movement, continence, cognition, and diet plan needs. Many neighborhoods need a current physical and TB test. This assessment drives the care strategy, so offering precise information matters, even if some information feels personal.

The very first day or two are generally about orientation. Staff discover the resident's regimen: what time they generally get up, morning habits, how they prefer to shower, what foods they dislike, whether they snooze. Older grownups who have actually never lived in a senior community may feel disoriented in the beginning. Basic things like identifying clothes, bringing a familiar pillow or framed images, and agreeing on a communication plan can ease the transition.

Daily life for respite homeowners normally mirrors long-term homeowners. They eat meals in the dining room, sign up with activities if they wish, receive help based upon the care strategy, and have housekeeping and

laundry handled by staff. In nursing homes, there might be physical, occupational, or speech treatment sessions set up numerous times a week if the stay is tied to rehabilitation.

Medical oversight during respite in assisted living is restricted to what that particular neighborhood deals. At a minimum, staff handle medication administration and monitor for apparent changes. Some neighborhoods have an on-site nurse professional who can address small concerns. For substantial medical modifications, households need to anticipate that the resident may be sent to the emergency department, just as they would from home.

In nursing homes, medical oversight is more structured. There is 24-hour nursing presence, regular doctor or nurse professional rounds, and frequent vital sign monitoring for those in rehab programs. Households need to still maintain contact, but they can generally assume a greater standard of medical observation.

Communication patterns also vary by community. Some call households proactively, others only when there are modifications. It helps to request for a main point of contact and settle on how often you will get updates.

How dementia affects respite care choices

Dementia alters the calculus. A cognitively healthy older grownup might deal with respite care like a brief hotel stay. An individual with moderate or innovative dementia may experience it as a complicated disruption.

In assisted living, memory care systems in some cases offer respite remain in safe, specific wings. Personnel are trained to deal with roaming, recurring concerns, and resistance to care. The environment is usually quieter, with simpler cues to support orientation.

In nursing homes, respite for dementia often overlaps with the broader category of long-term care. Some facilities have secure systems for homeowners who are at threat of elopement or have serious behavioral symptoms.

Families should focus on:

How the community deals with brand-new residents with dementia throughout the first 72 hours.

Personnel consistency, since a lot of unknown faces can intensify agitation. Sound levels and ecological overstimulation. Methods to medication, especially using antipsychotics or sedatives.

A short, inadequately managed respite experience can sour an older grownup on the idea of senior care altogether. Making the effort to discover a dementia-aware setting, even if it costs a bit more, often pays off later if longer stays end up being necessary.

Costs, protection, and the fine print

Money questions turn up early and frequently, and for excellent reason. Respite care sits at the intersection of health care and housing, and the monetary rules are messy.

In assisted living, respite stays are usually private pay. Daily rates differ widely by region and level of care, however it prevails to see figures such as:

Roughly 150 to 300 dollars daily in lower-cost regions, often more in high-cost markets.

Higher rates for locals who require two-person transfers, insulin management, or other additional care.

Some neighborhoods require a minimum stay, for example, 7 or 14 days, and may charge a one-time community charge even for respite. Others waive that charge as a reward. A few treat respite as a trial period, crediting part of the cost toward the first month if the household chooses to transform to long-term residency.

Nursing home respite stays might include a mix of personal pay and insurance. Bottom line:

Medicare covers short-term competent nursing facility care after a qualifying health center stay, but the rules specify and not all respite remains meet requirements. When they do, protection is typically aimed at rehab, not merely caregiver relief.

Medicaid in some states funds short-term nursing home respite for eligible individuals as part of home and community-based waiver programs. The information depend upon state policy and waiting lists.



Long-term care insurance coverage often have explicit respite care benefits, frequently a set number of days each year, payable in numerous settings.

Families need to request:

A written rate sheet that defines the daily rate, what it consists of, and what counts as "additional care."

Any nonrefundable costs, such as assessment charges, laundry fees, or medication management surcharges. Billing practices if insurance is included, especially who submits the claims and what happens if protection is denied.

I advise families to run a simple situation analysis in writing. For instance, if Mom stays 10 days at 275 dollars per day plus a 300-dollar one-time charge, that is 3,050 dollars. If that very same 10 days at a nursing home rehab unit would mostly be covered by Medicare after a qualifying hospitalization, but the environment would be medically intense and less home-like, is the trade-off worth it? Drawing up those comparisons grounds decisions in actual numbers rather of unclear impressions.

A useful checklist before reserving respite care

Arranging respite on brief notification is common, but a little structure can avoid the mistakes that cause bad experiences. The following checklist focuses on what families can realistically do, even if they just have a week.

- Confirm medical appropriateness: Ask your loved one's main physician or healthcare facility discharge coordinator whether assisted living level care is safe, or whether 24-hour knowledgeable nursing is necessary.
- Clarify objectives: Choose whether the main objective is caregiver rest, rehabilitation and enhancing for the older adult, testing whether communal living works, or a mix of these.
- Tour and observe: Visit a minimum of one assisted living and one nursing home if possible. Take notice of smells, staff interactions, resident engagement, and how respite visitors are housed.
- Pin down logistics: Inquire about minimum stay, daily rate, what is included, medication handling, checking out hours, and what individual items to bring.

- Prepare your loved one: Frame the remain in positive however truthful terms, such as "a brief stay to get extra aid and give me an opportunity to recuperate from my surgical treatment," and include them in choosing familiar clothing, photos, and comfort items.

Treat this checklist as a guide, not a rigid script. Families vary in what they can realistically manage before a stay. The objective is to minimize preventable surprises, not to develop a new layer of pressure.

Common worries and how to think about them

Caregivers typically sit with the very same peaceful worries, whether they voice them or not.

One frequent concern is guilt. "If I enjoyed him enough, I would not require a break." I advise households that nobody concerns pilots for stepping out of the cockpit to rest between flights. We comprehend tiredness impacts safety and judgment. Caregiving is no different. Rest legitimizes your function, it does not diminish it.

Another worry: "What if something bad occurs and I am not there?" Threat does not vanish since somebody remains in a facility. Falls, infections, and confusion can still take place. The relevant concern is whether supervision and support are stronger than what was realistically possible in your home. In most cases, specifically in the evening, the answer is yes.



Families also fear that a respite stay will become long-term placement against their will. Credible communities do not lock households into long-term contracts from a respite admission, though some will definitely recommend staying if the match is excellent. The real risk is more mental than contractual: once caretakers experience a week of full nights of sleep, they may realize they can no longer safely resume the previous intensity of care. That is not a trap, it is insight.

Finally, older grownups in some cases fret they are being "sent out away." This is specifically uncomfortable when the older adult has actually long valued self-reliance. How you frame the stay matters. Highlighting concrete goals, such as "dealing with treatment to construct strength," or "staying someplace safe while we get the bathroom remodelled," respects their dignity more than unclear reassurances.

Avoiding the most common mistakes

Over time, specific patterns show up in respite stories that went poorly.

Families in some cases underreport needs during the evaluation, hoping to keep expenses lower or prevent frightening a neighborhood. The downside is predictable: personnel are unprepared, care plans are underpowered, and conflicts arise. It is almost always much better to be candid about incontinence, behavioral episodes, or night wandering.

Another mistake is assuming that a beautiful structure assures great care. Marble lobbies and fresh paint do not transfer residents securely. Peaceful observation informs you more. Do call lights call permanently? Are citizens groomed and properly dressed? Do staff greet residents by name or stroll past them?

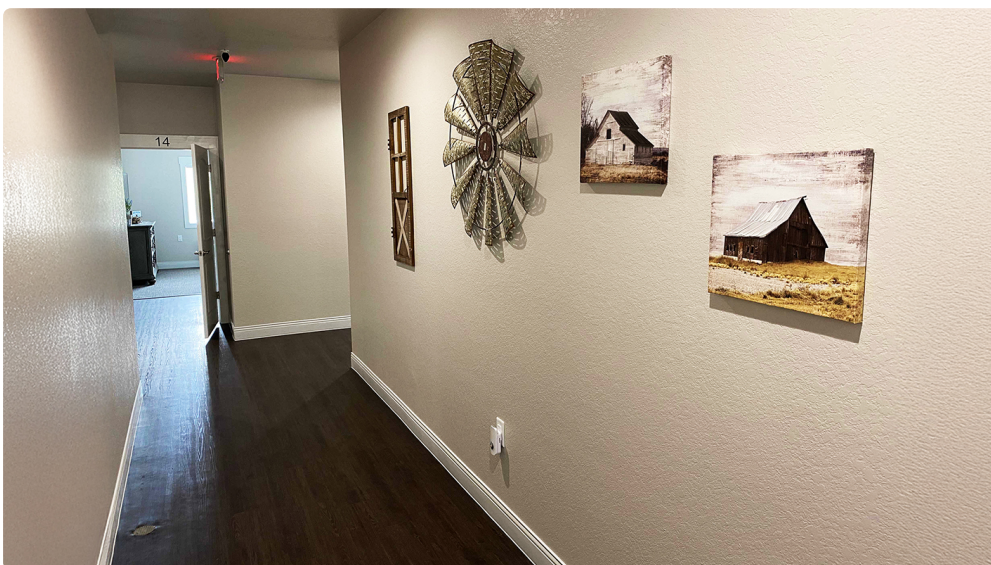
Some caretakers disappear completely during a respite stay. While the point is to rest, it helps to keep a cadence of check-ins, even if by phone. This offers staff a resource for concerns and reassures the older adult. Quick visits, particularly early on, can lower anxiety.

On the other side, hovering can also backfire. If relative question every choice in front of the older grownup or override staff continuously, it produces confusion and undermines trust. A healthier balance is to raise concerns independently, request routine updates, and offer the group area to execute the care plan.

When respite ends up being a pathway to longer-term care

One underappreciated value of respite care is as a low-commitment test of communal living. Households often say, "Mom would never agree to a nursing home" or "Dad might not manage assisted living." After a brief stay, they sometimes discover:

The older adult actually takes pleasure in the social environment more than expected.



Personnel notification safety problems that were not apparent during quick family visits. Caretakers experience such relief that they reevaluate what is sustainable.

In some cases, the older adult declines to return home, specifically if home felt separating. In others, the respite stay confirms that home remains the best setting, however with included supports such as home health services or adult day programs.

A useful workout after any respite stay is a quick, honest debrief among household and, when appropriate, with the older grownup. Questions to ask:

Did this stay improve anyone's health, tension level, or functioning?

What elements were clearly favorable or plainly negative? If we needed aid once again in 6 months, what would we do differently?

Treat respite not simply as a pressure valve, but as data. It exposes how your loved one manages in a structured environment and how you, as caretakers, function with support.

Bringing it back to day-to-day senior care

Respite care in assisted living and nursing homes is one of the more flexible tools available in senior and elderly care. It can support a partner who simply needs 10 nights of unbroken sleep. It can provide an adult child room to recuperate from surgical treatment or satisfy a work commitment. It can stabilize somebody after a hospitalization until the ideal home assistances are in place.

The secret is positioning. Line up the setting with medical truths. Align costs with your spending plan and insurance coverage possibilities. Line up expectations with what short-term residential care can reasonably provide.

Families that approach respite care with clear goals, truthful details, and a determination to observe [assisted living in san antonio tx](#) and learn tend to come away not just rested, but better geared up to navigate the next phases of aging. In a landscape where there are no perfect answers, that combination of relief and insight deserves a fantastic deal.

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

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BeeHive Homes of Crownridge Assisted Living provides life-enrichment activities

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

BeeHive Homes of Crownridge Assisted Living supports seniors seeking independence

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

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

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

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

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

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

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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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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

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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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