

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

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

Phone: (210) 874-5996

BeeHive Homes of Crownridge Assisted Living & Memory Care

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

[View on Google Maps](#)

6919 Camp Bullis Rd, San Antonio, TX 78256

Business Hours

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

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Families hardly ever start taking a look at assisted living communities since whatever is calm and foreseeable. Typically there has been a fall, a hospital stay, a roaming occurrence, or a slow build-up of small concerns that no longer feel small. The immediate instinct is to fix the problem in front of you: "We need a safe location where Mom can get help with showers and medications."

That impulse is easy to understand, however it is likewise where lots of people make their greatest mistake. They buy what their parent requires this month, not what they are most likely to need 3, five, or 8 years from now. The result is preventable disruption, unanticipated costs, and painful moves at the very point when stability matters most.

Future-proof senior care begins with asking a various concern: not simply "Is this a great assisted living home for today?" but "Will this community still fit if things get more made complex?"

Drawing on what I have actually seen in senior care over several years, including both outstanding and deeply flawed placements, here is how to examine an assisted living home with an eye on the long arc of aging, not just the present moment.

Understanding how requirements generally alter over time

Every person ages in their own way, yet particular patterns appear so frequently that ignoring them is dangerous. When families just take a look at existing requirements, they undervalue how fast the care image can change.

Most residents who move into assisted living need assist with a handful of things: perhaps medication reminders, meal preparation, housekeeping, or some assistance with bathing and dressing. They are usually still social, still able to speak for themselves, and frequently still driving or at least directing their own days.

Over the years, a number of aspects tend to move:

- Mobility gradually declines. Someone who walks independently today might need a walker in one or two years, and a wheelchair after that. Stairs end up being a barrier, long corridors become exhausting, and fall threat rises.
- Medical complexity boosts. A resident may begin with well-controlled diabetes and hypertension, then develop heart failure or COPD, or need anticoagulation, or go through a stroke or a joint replacement, each adding monitoring and care tasks.
- Cognitive modifications sneak in. Moderate lapse of memory can advance to substantial memory loss, confusion, or dementia. Habits like roaming, agitation, or nighttime wakefulness may appear.
- Continence and personal care requires modification. Toileting support, incontinence care, and more hands-on assist with bathing, grooming, and dressing typically increase.
- Emotional and social needs develop. Pals at the community die or move away. A partner passes. A once-outgoing resident may end up being withdrawn or depressed.

When you tour an assisted living neighborhood, you are satisfying it throughout the honeymoon phase: your parent is brand-new, staff are attempting to impress, and requirements are relatively modest. A better test is this: "If my parent is twice as frail as they are now, would this place still work?"

That state of mind shifts what you take note to.

Levels of care: what can stay, what should move

The terms "assisted living," "memory care," and "competent nursing" noise clear, however they are not standardized in practice. Each state certifies these differently, and each operator defines its own limitations.



For future-proof preparation, you want to comprehend 2 things really precisely: how far the neighborhood can increase support, and where their hard stop lies.

In numerous areas, you will come across three broad tiers:

1. Assisted living for citizens who need help with activities of daily living, but do not need 24/7 nursing.
2. Memory care, either as a different locked system within the same community or as a different structure, for homeowners with dementia who require more guidance and a structured environment.
3. Skilled nursing (nursing homes) for citizens with intricate medical requirements that need continuous nursing assessment, frequent treatments, or rehabilitation services.

The difficulty is that "assisted living" can suggest extremely different things. Some structures can deal with sliding-scale insulin, catheter care, two-person transfers, or hospice coordination. Others can not. Some memory care systems are successfully assisted living with a door lock, hardly equipped to manage severe behavioral requirements. Others are really specialized, with skilled personnel, personalized programming, and strong medical partners.

Ask particularly:

- What sort of care can not be supplied here, even with outside aid?
- At what point would my parent be needed to relocate to a higher level of care?
- Are there homeowners here who are on hospice? Who utilize wheelchairs full time? Who need 2 personnel to help move?
- If my parent ultimately needs memory care, do you use it within this community, or would they move to a different building or provider?

A future-proof option is not necessarily the one that can do whatever, however the one that is clear and sincere about its boundaries, and that has a sensible, caring plan for homeowners whose requirements grow.

The anatomy of a versatile care plan

A static care strategy is a red flag. Aging is vibrant, so senior care must be too. When a community deals with the care strategy as documents done at move-in and reviewed just during crisis, citizens either get too little assistance or spend for services they do not use.

Look for a care planning procedure that has several traits.

First, it must be multidisciplinary. The nurse, caretakers, activities personnel, and ideally a family member need to have input. I have actually sat in too many conferences where the care plan reflected only what the intake nurse saw on a single afternoon, never the family's truths or the frontline staff's observations.

Second, it must be scheduled for routine evaluation, not just "as required." Every 6 months is good, every three months is much better, and any hospitalization or significant health change must activate an interim review. Ask how often care strategies change for existing citizens, and what usually triggers an adjustment.

Third, the care plan should be detailed enough to tell a new caretaker what "assist with bathing" truly implies. Does your parent need cueing, or hands-on assistance? Exist security issues or choices, such as water temperature, usage of grab bars, or modesty problems? The more accurate the paperwork, the more regularly your parent will receive care as personnel turnover takes place, which it inevitably will.

Finally, the community must be able to scale services without drama. If your parent starts requiring help in the evening instead of simply throughout the day, or shifts from partial to full support with dressing, you desire those changes to be workable adjustments, not factors to recommend moving out.

Staffing: the quiet predictor of future quality

Floor plans and chandeliers do not alter the standard math of care. Individuals do. Whenever I ask families what mattered most to them in retrospection, staffing quality and stability constantly sit at the top of the list.

You can hear a lot about future flexibility by asking direct, sometimes unpleasant questions about personnel:



GROUNDBREAKING

Join us for a groundbreaking to celebrate the expansion of
BeeHive Homes of Crownridge Assisted Living!

BeeHive Homes of Crownridge offers the finest assisted living experience in a comfortable homelike setting. Residents enjoy their own private room and 3/4 bathroom, home-cooked meals, fun activities, and beautiful Hill Country surroundings with great views and abundant wildlife. Their staff is attentive and provides care and assistance in a loving and respectful manner.

They are excited to celebrate the groundbreaking of a new 24-bed assisted living facility at their senior living village in Crownridge!

Date and Time: Tuesday Apr 8, 2025 -- 1:30 PM - 2:00 PM CDT

Location: BeeHive Homes of Crownridge Assisted Living
6919 Camp Bullis Rd, San Antonio, TX 78256

***Parking Info:** Guests are asked to park at the Crownridge Banquet Hall, which is located just before BeeHive Homes of Crownridge Assisted Living, on the east side. Event parking signs will be out!

**QUALITY ASSISTED LIVING
IN A HOMELIKE SETTING**



- What is the caregiver-to-resident ratio on days, evenings, and nights?
- How typically are nurses physically in the building? Are they on-site 24/7 or on call after specific hours?
- What is your yearly staff turnover rate? What about for the executive director, nurse leader, and frontline caregivers?
- How lots of firm or temperature employees do you count on in a common month?
- How do you make sure constant training in dementia care, fall prevention, and infection control?

A community with steady management and low turnover typically adapts better to locals' altering needs. Staff know the residents, notification subtle decreases, and can adjust regimens before emergencies happen.

Conversely, a structure that looks full of energy during your tour, but quietly depends on rotating temp personnel and constant hiring, may have a hard time when your parent's requirements end up being more complex. The care plan on paper will sound exceptional, however the real, day-to-day care will be inconsistent.

[memory care facilities near me](#)

Watch, too, how caretakers engage with existing locals as you walk around. Do they speak respectfully? Use names? Respond quickly to call lights? A personnel that treats existing citizens well is more likely to promote when your parent requires additional attention or a new approach to care.

Medical support and collaborations: who is actually viewing the health curve

Assisted living is not a healthcare facility or a complete medical facility, but it sits at the crossway of housing and healthcare. The way a community handles that crossway has massive implications for long-term stability.

The key question is not whether there is a doctor in the building every day. It hardly ever takes place. The more appropriate questions concern how medical oversight is organized and how responsive it is.

Ask whether there is an associated primary care practice that sees residents on-site. Many progressive neighborhoods partner with geriatricians or nurse practitioner groups who perform regular rounds in the building. This helps capture issues early: weight loss, medication adverse effects, subtle cognitive changes.

Equally crucial is the community's relationship with home health, hospice, treatment companies, and health centers. A future-proof assisted living home ought to already have well-developed pathways for:

- Home health nursing visits after a hospitalization
- Physical, occupational, or speech therapy delivered on-site
- Smooth shifts to and from respite care or rehab stays
- Hospice services integrated into the resident's apartment

When these relationships work, a resident can frequently stay in familiar environments through major health problem, rather than being bounced repeatedly in between health center, rehabilitation, and long-term care. That stability matters as much for families as for the elder.

The role of respite care in testing fit and flexibility

Respite care is frequently dealt with as a side service, something households may use for a week or two during a caregiver holiday or after surgical treatment. Used thoughtfully, it becomes a low-risk method to check a community's ability to adjust to real-world needs.

A short-term respite stay lets you see how personnel manage medication modifications, sleep disruptions, mobility concerns, or behavioral quirks in practice, not just guarantee. It exposes whether the "we can absolutely handle that" you heard during the tour translates into real competence.

When you set up respite care, take note of process more than polish. Notice how the community gathers information about your parent: do they ask in-depth concerns, or just fundamental demographics and medical diagnoses? Do they take interest in your parent's habits, regimens, and worries?

During and after the stay, observe how communication streams. Did they inform you without delay to any issues or modifications? Were they open to your feedback? If you heard "we don't typically do it that method" more than once, that is a sign that versatility may be limited.

If a community handles respite care with thoughtfulness, great documents, and minimal drama, it is a favorable sign that they can react to modifications when your parent lives there full-time.

Environment and style that age gracefully

Architects like to show off grand lobbies, high ceilings, and elegant features. Those features may catch a purchaser's eye in a hotel, however in elderly care they are less important than practical design that still works when someone is 10 years older and considerably more fragile.

When you stroll through, envision your parent slower, less stable, maybe using a walker or wheelchair, possibly more easily confused.

Watch for things like:

- The range from apartment or condos to dining-room, activity areas, and outside areas. Long corridors that feel great at 78 ended up being daunting at 88.
- The variety of changes in flooring, limits, or small steps that can catch a foot or walker wheel.
- Handrail positioning, lighting levels, and contrast between flooring and wall colors, which assist people with visual or cognitive decline navigate safely.
- Built-in functions such as walk-in showers with seating, grab bars, and enough space for 2 people if one day your parent needs hands-on support.
- Quiet areas that are not their house, where someone with dementia can sit without being overstimulated by sound or crowds.

Also take a look at memory hints. Exist clear room numbers and personalized hints on doors? Are hallways distinguishable, or does every corner appearance similar? Homeowners with cognitive loss often do far much better in environments with visual anchors: colored doors, special art work, small household-style layouts.

A building does not need to look like a healthcare facility to be safe. The sweet area is a home-like environment that is subtly, thoughtfully crafted for a vast array of physical and cognitive abilities.

Activities and social structure that can flex with ability

When individuals tour an assisted living home, they typically look at the activity calendar to make certain there is "enough to do." That informs just a fraction of the story. The genuine concern is whether the social life of the community changes as homeowners decrease, lose hearing, or develop dementia.

A future-proof program has layers: group activities for active citizens, smaller and quieter choices, and one-on-one engagement for those who can no longer sign up with groups. It also acknowledges that interests change. Somebody who liked bingo at 75 may be tired by it at 85 yet still respond warmly to music, mild conversation, or time in a garden.

Ask how the team approaches citizens who seldom leave their rooms. Do they make customized efforts, or simply mark them "not interested"?

Look at who is really participating, not just what is offered. Are the most frail homeowners noticeable in the typical areas at all, with some level of support, or do they appear unnoticeable? Communities that buy bringing engagement to locals, instead of expecting citizens always to come to them, adapt much better to increasing frailty.

This is not almost lifestyle. Social seclusion can accelerate cognitive and physical decrease. A well-run activity program is a kind of preventive care.

Money, models, and avoiding financial traps

Future-proofing senior care is not just medical. It is financial. Families are regularly surprised by how billing structures work as soon as requires increase.

Assisted living pricing typically follows one of three designs:

- All-inclusive, where a flat regular monthly rate covers room, board, and a broad package of services.
- Tiered, where residents pay a base rate plus service charges for specified "levels" of care.

- A la carte, where each specific service, from medication management to escorts to meals, carries a different fee.

None of these is inherently good or bad. The crucial thing is to understand how expenses will move as care intensifies.

Ask for concrete examples, not just pamphlets. What did a resident pay when they moved in with light support, and what do they pay 3 years later on with moderate needs? How does the community manage situations where someone outlives their funds? If they accept Medicaid, what is the procedure and are there restricted Medicaid-designated apartments?

I have seen households who picked a low base rate neighborhood, just to be stunned later by an ever-growing list of small line products: help to the dining-room, assist with hearing aids, extra laundry. The reverse also happens: a higher all-inclusive rate that at first seems costly ends up being steady and predictable over several years, particularly for those with rapidly increasing needs.

Future-proof choices think about not just "Can we afford this this year?" however "What takes place if we require twice as much care and we are still here?"

Family involvement and communication as needs change

Even in the best assisted living communities, what households do or do not request makes a difference. A culture that invites, instead of tolerates, household involvement is among the clearest indicators that a home will manage modification well.

During your evaluation, take note of whether personnel seem defensive when you ask in-depth questions. A strong community will react with specifics, not vague reassurances. They invite family into care conferences, not simply when there is an issue but as a routine part of planning.

Notice how they interact about incidents and changes. Do they inform you promptly if your loved one has a fall, even without injury? Do they keep you upgraded on weight changes, sleep disturbances, or new habits that suggest discomfort or infection?

The goal is a partnership. Households understand the elder's history, personality, and preferences. Staff see the daily patterns and small shifts. Future-proof senior care takes place when those two sources of knowledge are woven together, not when either side operates in isolation.

A focused list for future-proof evaluation

Use this short list during tours and discussions, not as a scorecard, however as prompts for deeper discussion.

- Does the community clearly explain what care they can not supply and when a resident must move?
- How typically are care strategies examined, and who participates in that process?
- What is the personnel turnover rate, and how steady has management remained in the last three to 5 years?
- How does the community manage hospitalizations, rehabilitation stays, and the combination of home health, treatment, or hospice?
- Can they supply particular examples of citizens who have actually "aged in place" there for several years through increasing needs?

The method staff respond to these questions will expose more about their capability to adapt than any glossy brochure.

When moving twice is much better than picking improperly once

Families in some cases feel huge pressure to find "the forever place" on the first shot. That pressure can cause stalemates or to tolerating bad fit because "moving once again later on would be terrible."

There is fact in that issue. Relocations are disruptive, and older grownups can decline after each shift. Yet holding on to a poor match just because it might be "the last move" typically backfires. A community that looks future-proof on paper however is weak in culture, communication, or daily care will not all of a sudden improve as your parent's needs deepen.

Sometimes the very best path is staged: a smaller assisted living community for a couple of years, then a transfer into a campus with integrated memory care, or from a private-pay setting to one that takes part in Medicaid once long-lasting finances are clearer. The secret is to select each action intentionally, with an eye on the likely next one, instead of seeing every choice as irreversible.

An uncommon however crucial edge case involves couples with very various requirements. One partner may require memory care, while the other still drives, cooks, and mingles. In these situations, future-proofing often suggests prioritizing campus-style settings where both assisted living and memory care are available in close distance, even if it means some compromise on other preferences. Keeping partners connected, rather than across town in different centers, matters exceptionally over time.

Bringing all of it together

Choosing an assisted living home is not simply about granite countertops, restaurant-style dining, or a hectic activity calendar. It is a decision about how your parent will weather the storms that have not yet arrived: a broken hip, an unexpected confusion episode, a progressive dementia, a sluggish slide in strength and stamina.

Future-proof senior care rests on a handful of core truths. Requirements will alter. Crises will take place. Finances will progress. What you are really picking is a partner because uncertainty.

When you discover a neighborhood that is honest about its limitations, disciplined in its care planning, thoughtful in its style, steady in its staffing, well linked to medical partners, and open up to household cooperation, you are not just resolving today's problem. You are building a structure around your parent's life that can flex, adjust, and respond as the years unfold.

That is what it means to pick an assisted living home that really adapts to altering needs, and it is among the most concrete presents you can offer to both your loved one and to yourself.

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 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
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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>
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BeeHive Homes of Crownridge Assisted Living earned Best Customer Service Award 2024
BeeHive Homes of Crownridge Assisted Living placed 1st for Senior Living Communities 2025

People Also Ask about BeeHive Homes of Crownridge Assisted Living

What is BeeHive Homes of Crownridge Assisted Living monthly room rate?

Our monthly rate depends on the level of care your loved one needs. We begin by meeting with each prospective resident and their family to ensure we're a good fit. If we believe we can meet their needs, our nurse completes a full head-to-toe assessment and develops a personalized care plan. The current monthly rate for room, meals, and basic care is \$5,900. For those needing a higher level of care, including memory support, the monthly rate is \$6,500. There are no hidden costs or surprise fees. What you see is what you pay.

Can residents stay in BeeHive Homes of Crownridge Assisted Living until the end of their life?

Usually yes. There are exceptions such as when there are safety issues with the resident or they need 24 hour skilled nursing services.

Does BeeHive Homes of Crownridge Assisted Living have a nurse on staff?

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BeeHive Homes of Crownridge Assisted Living & Memory Care has a website

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

BeeHive Homes of Crownridge Assisted Living & Memory Care has Google Maps listing

<https://maps.app.goo.gl/YBAZ5KBQHmGznG5E6>

BeeHive Homes of Crownridge Assisted Living & Memory Care has Facebook page

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

BeeHive Homes of Crownridge Assisted Living & Memory Care has Instagram

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

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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