

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 normally do not go into the senior care world on a calm Saturday afternoon with lots of time to believe. They show up after a fall, a hospital discharge, a concerned call from a next-door neighbor, or a slow, dawning realization that what utilized to be minor forgetfulness is no longer safe. By the time people begin comparing assisted living, independent living, and nursing homes, the pressure is currently high.

I have actually sat at too many dining-room tables with adult children and older parents, documentation spread out, everyone attempting to decipher the lingo. The very same concerns repeat: What does mom really need. What can we manage. What happens if dad gets worse. And beneath all of it, a quieter fear: Are we about to make the incorrect choice.

Sorting through senior care choices gets easier once you comprehend the core distinctions, where they overlap, and how they handle real life complications like dementia, numerous chronic illnesses, or family burnout. Labels on pamphlets rarely tell the entire story. The information do.

This guide strolls through those details, utilizing the lens that really matters: security, quality of life, and sensible assistance for both the older grownup and their family.

Three very different designs of senior care

The terms get used loosely in discussion, however independent living, assisted living, and nursing homes each outgrow different philosophies.

Independent living focuses on way of life and neighborhood. Think about it as a retirement apartment or condo neighborhood, designed for older adults who are normally clinically steady and can handle their own daily life with light support.

Assisted living bridges real estate and care. The goal is to support people who can not securely handle all day-to-day jobs alone, but who do not require 24-hour knowledgeable nursing. It is constructed around personal care, medication assistance, and a social setting, not extensive medical treatment.

Nursing homes, or competent nursing centers, rest on the medical end of the spectrum. They are certified and staffed to supply continuous nursing care, rehabilitation, and complex medical management for individuals with serious health requirements or significant practical limitations.

All 3 can be proper senior care alternatives, depending upon the circumstance. The trouble is that numerous families try to fit a loved one into the incorrect category because it looks better, costs less, or feels mentally much easier. That is where issues start.

Independent living: flexibility, with a safeguard in the background

Independent living neighborhoods are normally marketed as retirement home or senior apartments. They work best for older adults who are still managing:

- Basic self-care such as bathing, dressing, and toileting
- Walking around, perhaps with a cane or walker
- Medications, either by themselves or with light reminders
- Meals, with or without on-site dining options

Residents may relocate since they are tired of home maintenance, want more social contact, or feel much safer with neighbors and staff close by. Some homes bundle in housekeeping, one or two meals daily, transportation for errands, and a 24-hour front desk or emergency situation call system. Lots of offer physical fitness classes, lectures, and clubs that assist avoid loneliness.

From a care perspective, independent living is not developed for people who need hands-on aid every day. Staff will generally not help with bathing, toileting, or medication administration. If they do offer extra assistances, they are often limited, a la carte, and may be provided by a separate home care firm that visits the building.

Families sometimes stretch independent living to cover more than it should. An adult child may covertly offer the majority of the care, or a frail parent may insist they are "doing fine" because they are consuming in the dining room and mingling. The reality becomes clearer when a health crisis hits. If your relative can not dependably manage personal hygiene, navigate the building securely, or recognize an emergency situation and call for assistance, independent living alone is most likely not enough.

Financially, independent living tends to be private pay, with monthly leas comparable to routine houses in the area, plus charges for included services. Long-term care insurance coverage seldom covers it, unless there is a medical part provided by a licensed agency.

Independent living fits somebody who is clinically steady, socially interested, and still largely independent with activities of daily living. It is not a back door to cheap assisted living. When you treat it as such, you are gambling with safety.

Assisted living: daily support without a medical feel

Assisted living beings in the middle of the senior care spectrum and, in my experience, is where lots of families lastly discover the balance they were looking for. It is residential, typically feels a lot more like an apartment complex than a health center, however provides genuine hands-on elderly care.

Typical services include aid with bathing, dressing, grooming, and toileting, medication management, meals, basic housekeeping, and activities throughout the day. Many communities also provide escorts to meals, pointers for activities, and coordination with outside healthcare providers.

One of my clients, a retired teacher in her late seventies, transferred to assisted living after her 2nd serious fall at home. She might talk plainly about politics and book club picks, but her arthritis made bathing and dressing an everyday experience. She hated the idea of a "center" yet lit up when she recognized she could have her own supplied studio, her favorite armchair, and somebody to assist with early morning routines. Within a few months, her children discovered she was in fact more independent, because she was no longer tired from combating with jobs that had become too hard.

Assisted living communities vary a lot by state policies and by operator. Some are better to hospitality with light care, others lean more into medical cooperation. The core, nevertheless, is personal care, not knowledgeable nursing. They generally are not equipped to handle ventilators, complex injury care, or very unstable medical conditions.

Where assisted living shines is in that gray zone where a person is:

- Safe with the right level of cueing and support
- Socially and cognitively able to benefit from group life
- Not yet needing 24-hour nursing but clearly beyond what independent living or sporadic home care can securely cover

Many assisted living facilities likewise use memory care systems for residents with dementia. These are protected environments with greater staffing levels and programs tailored to cognitive decrease. If wandering, agitation, or hazardous judgment are present, basic assisted living may not be enough, even if the person is physically strong.

From a monetary angle, assisted living is often personal pay, with monthly rates that fold in rent, utilities, meals, and a base level of care. Additional care levels, such as two-person transfers or frequent incontinence care, are usually billed as add-ons. Long-term care insurance coverage often assists, depending upon the policy. Medicaid coverage for assisted living exists in some states however is frequently minimal, with long haul lists.

The greatest covert factor with assisted living is the trajectory of decline. Many locations do an excellent task at the point of move-in, when requirements are moderate. The difficulty appears when your loved one's care level rises. Eventually, the center might say they can no longer satisfy those requirements, activating another move. Wise households ask really particular questions about "what occurs if" before signing a contract.

Nursing homes: medical stability initially, convenience a close second

Nursing homes, or knowledgeable nursing facilities, bring a heavy psychological weight. Households visualize long corridors and roomies, and lots of older adults state, forcefully, "I never ever wish to end up in a nursing home."

Reality on the ground is more nuanced. Some nursing homes are indeed under-resourced and institutional. Others are tidy, calm, and staffed by individuals who truly care and know their locals well. All, however, share a medical foundation that independent living and assisted living just do not have.

A nursing home can handle feeding tubes, complex wound care, IV medications, regular injections, and citizens who need 2 staff members for each transfer. Nurses are on website around the clock. Physicians and nurse practitioners visit routinely. The paperwork and regulatory environment is heavy, in some cases to a fault, but it exists to guarantee that treatment and safety stay front and center.

There are two major functions nursing homes play:

Short-term rehab after a hospital stay. A fall with a hip fracture, a stroke, a major infection, or significant surgery might lead to a couple of weeks or months of competent rehab in a nursing center. Here, physical, occupational, and speech therapists work with homeowners to optimize their function before they return home or to another senior care setting.

Long-term care for citizens with high needs. When an individual can no longer safely reside in assisted living or at home, typically because their medical requirements are too complex or their functional dependence too expensive, a long-term nursing home stay may be the safest choice.

Families often fight this step for months because the concept hurts. I have seen loved ones tire themselves attempting to keep a clinically fragile parent at home with rotating aides, home health, and a consistent stream of crises. Eventually, recognizing that a nursing home is not a failure however a shift toward more extensive, trusted care can be an act of empathy for everybody involved.

From a payment standpoint, it is essential to distinguish between Medicare and long-term coverage. Medicare generally pays for time-limited experienced rehabilitation after a qualifying health center stay. It does not cover long-term custodial care. Long-term stays are moneyed through a mix of personal pay, long-lasting care insurance, and, once possessions meet certain criteria, Medicaid. Medicaid guidelines differ by state and need careful planning.

Where respite care suits the picture

Respite care is the safety valve that keeps many households going. It refers to short-term stays, usually a couple of days to a few weeks, in an assisted living or nursing home setting. The resident receives elderly care comparable to long-lasting citizens, however the expectation is that they will return home.

Respite care helps in numerous situations:

A household caregiver needs to travel, have surgery, or just rest without constant watchfulness. A few weeks of respite can keep a stressed caregiver from burning out completely.



A trial run before a longer relocation. Some older adults who insist they "will never ever move" are willing to test a neighborhood for two weeks of respite. That experience often softens resistance, because they discover the routine, personnel, and environment are less foreign than expected.

Bridge care after a health center stay. When home is not rather ready, or household arrangements are not in location, a respite stay can offer supervision, meals, and fundamental rehabilitation while everyone gets organized.

Not every community uses respite care, and availability varies. Rates are often determined on a day-to-day basis. The key advantage, beyond rest for the caretaker, is information. You learn how much assistance your loved one really requires across 24 hours, where they prosper, and what troubles them. That details can direct a more permanent senior care decision.

Thinking beyond labels: the real drivers of the right choice

The names on the brochures are lesser than a clear-eyed evaluation of needs, preferences, and restraints. When I work with households, I concentrate on several core dimensions.

Health intricacy. How many chronic diseases are we handling. How vulnerable is the individual. Somebody with stable heart problem and well-controlled diabetes may do fine in assisted living. A person with advanced cardiac arrest, regular hospitalizations, and oxygen in your home might need a nursing facility's continuous nursing presence.

Cognition and judgment. Mild memory loss is one thing. Not recognizing emergencies, forgetting to consume, wandering, or blending medications indicates a different level of risk. Assisted living with strong memory care might deal with early to moderate dementia; later stages typically require specialized memory care or a nursing home with substantial dementia experience.

Mobility and falls. If an individual can not rise or a chair without hands-on aid, that narrows alternatives rapidly. Assisted living can often handle one-person transfers. Circumstances requiring 2 strong team member for every single move, or use of a mechanical lift for safety, frequently press care toward a nursing facility.

Behavior and mental health. Agitation, aggressiveness, duplicated exit attempts, or major psychiatric problems do not dismiss assisted living, however they do require staff with correct training and adequate coverage per shift. Some communities are sincere when they are not geared up for this. Others are overly positive at move-in and later ask the household to move the resident.

Family capacity and limitations. A kid who lives 10 minutes away and can visit everyday creates a various support group than a daughter who lives in another state and flies in quarterly. Households often overestimate what they can sustain long term. It helps to picture a typical bad week, not the very best possible situation. If your plan counts on everybody always being healthy, available, and calm, it is too fragile.

Finances and time horizon. Numerous families reveal me a budget that works for two to three years of assisted living, however no plan for what takes place after. Realistically, if your loved one remains in their late eighties with progressive needs, you must think about what care setting will still be viable at year 5, not simply year one. Sometimes, that points towards a more modest assisted living now with a clearer course to Medicaid or a nursing home later, rather than a high-end alternative that will diminish resources too quickly.

Key differences at a glance: what daily life in fact feels like

Brochures dwell on facilities. Households need to understand the day-to-day.

In independent living, locals wake on their own schedule, handle their own medications, and either cook or go to the dining room. Staff may check in if somebody [respite care](#) misses numerous meals, but there is generally no

formal system ensuring each resident is seen multiple times per day. Privacy is high, structure is low, and the expectation is autonomy.

In assisted living, most citizens have actually a more specified routine. Staff come in for set up care such as morning showers or evening assist with pajamas, and they notice relatively rapidly if something looks off. The environment supports socializing: shared dining, group activities, and typical spaces. Locals are motivated, not forced, to take part. For lots of, this structure becomes a lifeline.



In nursing homes, the rhythm revolves around care jobs and medical oversight. There are still activities and community, but the pace is more medical. Vital indications, medication passes, therapies, and physician visits anchor the day. Personal privacy is more limited, especially with shared rooms. At the exact same time, the peace of mind that specialists are enjoying carefully frequently brings a sense of security that families can not match at home.

Quality varies widely in all three settings. That is why checking out, asking concerns, and trusting your senses matter more than any marketing language.

A useful checklist for checking out and comparing communities

When you stroll into a potential independent living, assisted living, or nursing home, you are interviewing them as much as they are evaluating your loved one. A quick tour is never enough. You want to look under the surface.

Here is a basic list of what to pay attention to:



- Smell, noise, and basic feel. Occasional smells happen in any care setting, however a consistent heavy odor of urine or disinfectant suggests poor regimens. Listen for whether personnel speak to homeowners respectfully or yell down the hall.
- Staffing patterns. Inquire about staff-to-resident ratios on day, night, and graveyard shift. Enjoy how long it considers a call light or a resident's demand to get a reaction while you are there.
- Residents' look and engagement. Do people look tidy, appropriately dressed, and groomed. Are they sitting alone in corridors or clustered in a television space, or are activities happening with real participation.
- Communication approach. Ask how the team communicates with households, particularly during crises or health center transfers. Do they utilize phone, email, a website. Who is your main point of contact.
- "What if" circumstances. Position sensible scenarios: "What takes place if my mother begins needing 2 people to help her transfer." "What if dad begins roaming in the evening." The clearness and honesty of those answers will inform you more than any brochure.

Taking notes right after each visit assists you compare later on when memories blur. Trust your impulse if something feels off, even if all the best words were said.

Red flags and green flags across all senior care types

Certain patterns crop up once again and again, no matter the type of neighborhood. When making choices about senior care, take note of these signals.

Red flags:

- Chronic staffing scarcities that the neighborhood acknowledges however deals with as typical, with frequent usage of company or short-term staff.
- Vague or defensive responses when you inquire about falls, health center transfer rates, or how they deal with complaints.
- Residents frequently calling out without action, or alarms sounding for long periods without staff attention.
- A strong focus on facilities and décor, with very little conversation of care planning, medical coordination, or behavioral support.

Green flags:

- Staff who know residents by name, can inform you a little about them as people, and appear unhurried in their interactions.
- A clear procedure for routine care conferences that consist of family, with written care plans you can actually understand.
- Realistic limits stated in advance, for example, "We can care for locals who require one-person support, but if your dad begins needing a lift, we would work with you on a transition strategy."
- Leadership presence: an administrator, director of nursing, or assisted living director who shows up, approachable, and happy to respond to comprehensive questions.

Communities that are sincere about their restrictions tend to manage alter better than those that assure everything and silently struggle when requires increase.

When the "right" answer still hurts

Even with best info, picking in between independent living, assisted living, and a nursing home rarely feels clean. A move often sets off grief, regret, and resistance, even if everyone intellectually comprehends it is needed.

I have actually watched happy, capable grownups weep in the parking area after confessing a parent to assisted living, and I have seen that very same parent, months later on, flirting over coffee with brand-new pals and informing personnel, "I wish I had actually done this sooner." Both experiences are real.

A few ideas alleviate the emotional strain:

You are passing by between best and terrible. You are selecting in between imperfect options in a difficult situation. The metric is not "Does my parent love this from the first day" but "Is my parent much safer and much better supported here than in the house, reasonably."

People change. Many older grownups who move into a well-chosen community go through a duration of disorientation, then settle into brand-new routines. Households who stay included, visit frequently, and work together with staff see the very best outcomes.

Revisiting choices is enabled. Senior care is not a one-time option. Needs change. Resources change. A relocation from independent living to assisted living, or assisted living to a nursing home, does not mean the earlier decision was wrong. It shows a shifting reality.

When in doubt, start by matching the care level to the worst day, not the best. If your loved one has great and bad days, base your planning on the bad ones, since that is when safety nets matter most.

Senior care does not provide itself to simple slogans. Independent living, assisted living, and nursing homes each serve a different purpose. Respite care fills out the spaces. The right alternative sits at the crossway of medical need, functional ability, character, household capacity, and finances.

Understanding what each setting really uses, beyond the marketing language, lets you move from panic to method. You might still feel the weight of the option, but you will be carrying it with clearer eyes and a more sensible sense of what your loved one needs to live as safely and completely as possible.

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

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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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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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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Looking for fun shopping close to our home base? We are located near [The Rim](#) a great shopping mall area.