

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 rarely tour an assisted living community because life is going efficiently. More often, something has actually slipped: a medication mix-up, a fall during a nighttime restroom trip, a pot left on the stove. By the time people start comparing senior care alternatives, they have actually already seen how fragile everyday routines can become.

Over the years I have viewed both big and small communities handle these issues. The distinction in how they handle medications and activities of daily living, or ADLs, is seldom about nicer furnishings or a larger lobby. It has to do with whether personnel in fact understand each resident, notification tiny changes, and have sufficient time and structure to act on what they see.



Small assisted living neighborhoods are not ideal, and they are not right for every single individual. But when it pertains to handling medications and ADLs safely and with dignity, they often have peaceful benefits that

households do not see on a brochure.

What "small" truly indicates in assisted living

When I say small, I am speaking about neighborhoods that house roughly 6 to 40 locals, not 80 to 200. In many states these are called residential care homes, board and care homes, or group homes. Some are regular homes that have actually been transformed and accredited for elderly care; others are purpose-built however still intimate.

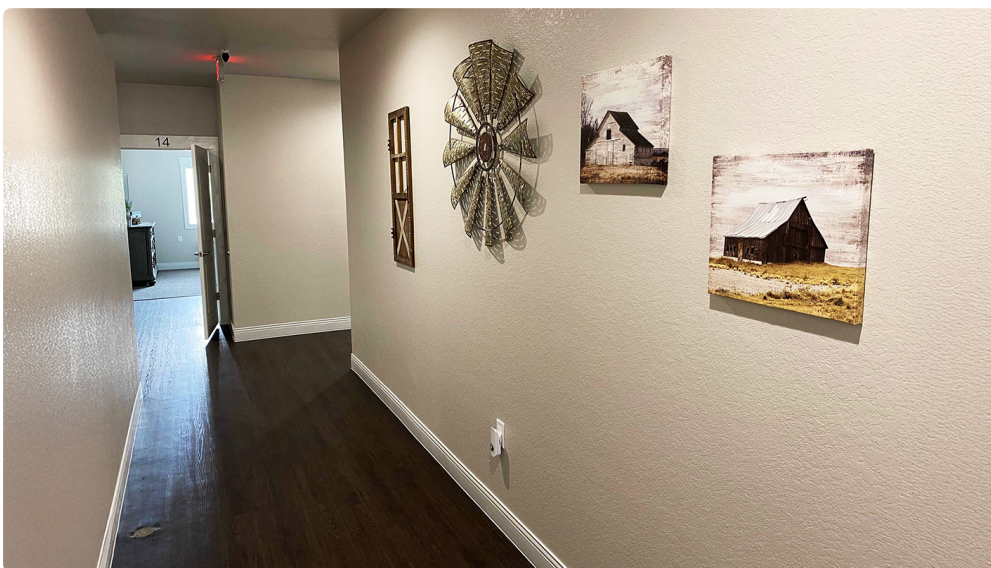
Daily life in these settings feels different the minute you stroll in. You hear personnel use first names without glancing at charts. You may see the same caretaker who aided with breakfast also helping with medication suggestions and the afternoon shower. The structure might not have a theater or a beauty parlor, but you can generally find the nurse or administrator within a couple of steps.

That scale affects whatever about medication management and ADL support.

The core difficulty: accuracy and pattern recognition

Managing medications and ADLs is not just a list workout. It is a pattern recognition problem.

For medications, the risks are subtle. A missed out on blood pressure tablet might look like a little extra fatigue. An accidental double dosage of insulin can become a medical emergency situation. The real ability lies in spotting small modifications in appetite, state of mind, gait, or sleep that hint at a medication problem before it escalates.



The same holds true for ADLs. A person who all of a sudden has a hard time to button a t-shirt or gets confused in the shower might be handling pain, infection, dehydration, side effects of a brand-new drug, or cognitive decrease that has advanced. If no one notices for a week, one bad night can cause a fall, a hospitalization, and an irreversible loss of independence.

Small assisted living communities have two structural advantages here: staff attention per resident and connection of relationships.

More eyes on fewer residents

In a typical small community, frontline caretakers are responsible for a modest group, often 4 to 8 homeowners per shift, sometimes fewer in higher-acuity homes. In numerous bigger assisted living settings, those ratios can climb much greater, particularly on evenings and nights.

That distinction modifications how care is delivered.

In smaller settings, caregivers are just closer to the rhythm of each resident's day. If Mrs. Alvarez normally consumes her entire omelet and all of a sudden leaves half unblemished, the employee who serves breakfast is probably the same one who manages her morning medication pass. They notice the change and can instantly ask: Did a tablet feel stuck? Any queasiness? Did you sleep poorly? That real-time loop is tough to replicate in a larger structure where departments are separated and personnel turn through larger zones.

This nearness appears strongly around ADLs. When a caregiver helps somebody dress, they feel tightness in the shoulders that was not there recently. When they help with bathing, they may see a new contusion, a skin tear, or swelling around the ankles. Because the group is small and familiar, the caregiver is not handing off that observation to 3 other individuals; they are typically informing the nurse or med tech straight, within minutes.

Over time, small deviations get addressed early, rather than waiting on a quarterly care strategy meeting while problems collect silently.

Medication management in a small community: what is different

Most states hold small and big assisted living communities to the very same fundamental medication standards. Both need to track meds, follow physician orders, and document administration. The genuine distinction is available in how those guidelines get lived out hour by hour.

Tighter medication regimens and less handoffs

In small homes, the exact same individual or small group generally handles the medication pass for all citizens on a shift. There are fewer handoffs between med techs, and far less chances for "I believed you gave it" confusion.

Medication carts are easier. You do not see 3 long corridors and 40 med drawers. You see a locked cabinet or a modest cart that holds medications for a handful of people who are typically sitting right in front of you at the dining-room table.

Because of the scale, numerous small neighborhoods can arrange medication times around the resident, not simply the staffing grid. If Mr. Greene gets nauseated when he takes his morning medications on an empty stomach, the team can easily move his medications to line up with his breakfast routine, rather than requiring him into a stiff building-wide death schedule.

Better alignment in between medications and day-to-day life

It is one thing to check out that a medication needs to be taken with food. It is another to stand at the counter and enjoy whether a resident actually swallows it while eating.

I have actually seen caregivers in small homes naturally weave medication look into the circulation of the day. They will set a cup of water by a resident's preferred recliner chair 15 minutes before the afternoon dose is due, then sit and chat while they confirm the tablets are taken. If there is a "PRN" medication ordered as needed for pain or stress and anxiety, they often know exactly how frequently it is genuinely needed due to the fact that they have a feel for that resident's baseline mood and pain level.

That deeper baseline knowledge is vital for older grownups who see multiple doctors. Many citizens get here with complex routines: a medical care medical professional, a cardiologist, a neurologist, sometimes a discomfort professional. Each may adjust a couple of prescriptions, and without close observation, negative effects blur into each other. In a small setting, it is even more likely that the very same caregiver notifications that the brand-new sleep medication has coincided with more daytime falls or that the dosage boost has made somebody withdrawn.

When those patterns appear, a nurse or administrator can call the prescriber with concrete, day-by-day observations instead of unclear worries. That usually leads to more accurate adjustments and fewer unnecessary drugs.

Fewer missed out on dosages and errors

No setting is unsusceptible to mistakes, however small neighborhoods generally have three useful safeguards:

1. Staff who know residents by sight and personality, so it is harder to misidentify someone or forget their preferences.
2. Slower, more focused med passes, given that there are less people to serve in a brief window.
3. Less turnover in the med-administration role, so regimens become second nature.

I keep in mind a resident in a 10-bed home who had a visually comparable bottle of vitamin D and a heart medication. Throughout a weekly internal audit, the supervisor discovered the potential for confusion and separated the bottles, upgraded labeling, and retrained the staff. In a building with 100 citizens and lots of medications per cart, catching a small threat like that is much harder.

Families sometimes worry that a smaller operation means less structure. In well-run homes, the opposite is true: application of the rules is tighter since the group is small enough to hold each other accountable.

ADL assistance: where small homes quietly shine

ADLs consist of bathing, dressing, grooming, toileting, moving, and eating. When individuals tour communities, they frequently ask, "Do you aid with showers?" or "Will someone assistance Mom to the bathroom at night?" That is just half the story. How the aid is delivered matters simply as much.

Care that moves at the resident's pace

In a bigger building, shower slots can feel like airport boarding groups: everybody slotted into a tight schedule so the staff can get through the list. That can deal with paper however typically leads to hurried, impersonal care for homeowners who move gradually, are distressed in the bathroom, or have dementia.

In smaller settings, there is more authentic versatility. If Mrs. Lin will just shower after her morning tea and Chinese news program, personnel can typically respect that. If Mr. Rozier requires a short sit-down between placing on trousers and socks because of heart failure, the caretaker can enable it without hindering a 30-person schedule.

This pacing makes a substantial distinction in self-respect. Individuals feel less like jobs to be completed and more like grownups being supported.

Fewer strangers, more trust

ADLs make love. Showering and toileting include vulnerability even when someone is fully healthy. When cognitive decline gets in the picture, unknown faces can turn routine help into a struggle.

Small assisted living homes typically have a core group that locals see daily. The exact same caretaker who aids with breakfast typically helps with toileting, transfers, and night routines. This consistency matters especially in dementia care and respite care, where someone may only be remaining a few weeks and has little time to adjust.

I have actually viewed locals who were labeled "resistant to care" in bigger centers end up being cooperative in a small home once a consistent assistant discovered the right technique. Often it was as basic as singing a favorite hymn during a shower or putting the towel on the resident's lap for modesty. One caretaker in a six-bed home understood that Mr. Cline would just permit shaving if his grandson's photo was set on the restroom counter initially. Those individualized tricks nearly never appear in a policy handbook, they emerge from repeated, calm contact.

Early detection of decline

ADLs are the canary in the coal mine for health changes. A resident who can all of a sudden no longer stand from a toilet without aid may be establishing brand-new weak point, experiencing a medication effect, or beginning a brand-new stage of cognitive decline.

In small communities, staff usually observe within a day or 2 when somebody's abilities shift. They may mention, "She is requiring more hints for shampooing," or "He is keeping the rails more and wincing when he enters the tub." That type of concrete observation enables the nurse to reassess, involve physical therapy, or request a medical evaluation before a fall or injury occurs.

In a busier, larger setting, incremental decreases can blend into the background sound of numerous residents needing aid simultaneously. Problems frequently get flagged only after an occurrence, not before.

The household side: interaction and partnership

Families who have actually been through a crisis know that medication and ADL management do not stop at the facility door. Adult kids often hold medical power of lawyer, track specialist appointments, and act as historians for complicated health issue. In senior care, everything works better when personnel and family relocation in the very same direction.



Smaller assisted living homes are often quicker to communicate informal, low-level modifications: a small cravings dip, brand-new sleep patterns, small confusion, or a resident beginning to need pointers to utilize the walker. Due to the fact that there are less homeowners, staff can reasonably call or text households when something appears "off," instead of waiting for regular care strategy meetings.

I have actually sat at cooking area tables in care homes where a child and the administrator expanded pill bottles, printed medication lists, and a hand-drawn weekly schedule to sort out duplications after a hospitalization. That kind of cooperation is practical since you are dealing with 10 or 20 citizens, not 150.

For households utilizing respite care, where a loved one stays in assisted living for a short duration to provide the primary caretaker a break, these interaction routines are crucial. A two-week stay can reveal a lot: whether Mom actually can handle her own meds in your home, whether Dad's nighttime roaming is more severe than it looked, whether a break from caregiver tension enhances the resident's state of mind. Small neighborhoods typically have the time and intimacy to report back in useful detail, not just "Whatever was fine."

Trade offs and when a larger community might still be better

It would be deceiving to recommend that small assisted living communities are always exceptional. There are trade-offs worth weighing.

Larger neighborhoods may offer onsite treatment gyms, more robust transportation schedules, more leisure shows, and sometimes more powerful 24-hour scientific staffing, particularly in settings affiliated with health systems. For a really medically complex resident who needs frequent on-site nursing interventions, or for somebody who flourishes on a busy social calendar with many activity choices, a larger building can be a much better fit.

Small homes can differ commonly in quality. A 10-bed home with strong management, stable personnel, and clear procedures can surpass an elegant campus. A similar-looking house with bad oversight can rapidly become risky. Because small settings are more personal, personality clashes can feel magnified. If a resident does not mesh with a tiny peer group, there is less chance to discover their "people" than in a bigger community.

Smaller homes may also have limits on what they can safely handle. Some can not take citizens who need mechanical lifts for transfers, who roam extensively, or who have unmanaged psychiatric conditions. They might also have less redundancy if an essential team member is out sick.

The key is matching the resident's requirements and choices with the strengths of the setting, then verifying that assured practices truly occur.

Questions families should ask about medications and ADLs

When you tour a small assisted living neighborhood, it can assist to bring concentrated concerns. A brief, targeted checklist keeps the conversation anchored in what actually impacts safety and quality of life.

Here is one set of questions worth inquiring about medication management:

1. Who actually provides or supervises medications daily, and how are they trained?
2. How lots of homeowners does that person manage per shift?
3. How do you handle new prescriptions, terminated medications, or medical facility discharge orders?
4. What is your process if a dose is missed out on, refused, or vomited?
5. How frequently do you review each resident's complete medication list with a nurse or pharmacist?

And for ADL assistance:

1. How lots of residents is each caregiver responsible for on day, night, and night shifts?
2. Are the same people usually aiding with bathing, dressing, and toileting, or does it alter frequently?
3. How do you adjust routines for locals with dementia or anxiety about bathing?
4. What is your process when someone begins to require more assistance than before with an ADL?
5. How rapidly can you call household if you see a concerning change in function?

Listening to how staff answer matters as much as the material. Clear, concrete explanations are an excellent indication. Unclear reassurances without specifics are not.

Signs that a small neighborhood is handling meds and ADLs well

You can often find strong medication and ADL practices through observation throughout a visit.

Residents appear clean, properly dressed for the weather condition, and groomed in such a way that fits their character. Clothes is not constantly mismatched or stained. You may see caretakers silently offering hints instead of taking control of tasks that residents can still begin on their own, like putting a shirt in someone's hands instead of dressing them completely.

Look at how staff speak with citizens. Do they use calm, respectful tones? Do they discuss what they are doing before assisting with individual care? When you view medication time, is it organized and calm, with staff checking identity and noting any hesitations?

Pay attention to little information. A caretaker who notifications that Mrs. Patel constantly takes pills more easily with warm tea rather of cold water is likely paying similar attention to dozens of other preferences that make care more secure and kinder.

If you have permission, ask the administrator to walk through a current medication modification example, from physician's order to real execution. Their capability to explain each action, including double-checks and documents, informs you whether the system lives just on paper or in daily practice.

Using respite care to "check drive" a small community

Respite care can be an outstanding method to gauge how a small assisted living home handles medications and ADLs without committing to an irreversible relocation. A stay of one to four weeks provides staff time to learn your loved one's patterns and gives you a window into how they operate.

During respite, notification whether the community demands up-to-date medication lists, clarifies confusing prescriptions, and reports back any modifications they see. Ask how your family member tolerated showers, transfers, and toileting. Did staff determine any safety issues in the house that you had actually missed out on, such as regular nighttime restroom journeys or unsteadiness when standing?

Families typically come away from respite with one of two awareness. Either they feel confirmed that their loved one can securely remain at home with some extra assistance, or they see clearly that the structure and watchfulness of a small community supply a level of elderly care that is tough to match at home.

Both outcomes work. The point is not to hurry a long-term move, however to ground decisions in actual experience, not guesswork.

Bringing all of it together

Medication and ADL management are where abstract guarantees of "quality senior care" satisfy the truth of pills, baths, and bathroom journeys at 2 a.m. The quieter, less fancy strengths of small assisted living communities appear exactly there, in the information of how personnel understand and react to each resident's daily rhythm.

Smaller settings tend to offer closer observation, more connection of caregivers, and more flexibility to customize regimens around the individual instead of the building. That combination frequently causes earlier detection of health modifications, less medication mistakes, and a gentler, more respectful technique to intimate personal care.

That does not indicate every small home is exceptional or that larger communities can [memory care near me](#) not supply excellent care. It means families evaluating elderly care alternatives need to look beyond the size of the dining room and ask in-depth questions about who is seeing, who is noticing, and how quickly the team acts when something changes.

When you find a small assisted living neighborhood where the answers are concrete, the staff stable, and the citizens relaxed and well participated in, you are typically taking a look at a place where medications are not simply dispensed and ADLs are not simply completed, but where both are woven into a daily life that feels safe, human, and dignified.

BeeHive Homes of Crownridge Assisted Living has license number of 307787

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

BeeHive Homes of Crownridge Assisted Living has capacity of 16 residents

BeeHive Homes of Crownridge Assisted Living offers private rooms

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

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

BeeHive Homes of Crownridge Assisted Living provides medication management

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

BeeHive Homes of Crownridge Assisted Living offers housekeeping services

BeeHive Homes of Crownridge Assisted Living offers laundry services

BeeHive Homes of Crownridge Assisted Living provides life-enrichment activities

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

BeeHive Homes of Crownridge Assisted Living supports seniors seeking independence

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

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

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

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

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

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

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

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

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

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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How can I contact BeeHive Homes of Crownridge Assisted Living & Memory Care?

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BeeHive Homes of Crownridge Assisted Living & Memory Care is just a short drive away from The Shops at La Cantera a major shopping & dining center in the area. Offering convenient shopping and dining options ideal for senior care families looking for easy-access retail and respite care outings. [San Antonio Texas](#).