

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 arrive at the senior care decision point after a single occasion. It is normally an accumulation of small signals, like a range left on or a rent check forgotten, that amounts to a question with genuine stakes. Where will Mom, Dad, or a partner live safely, and how can that care seem like a life, not just a service? That is where the choice between assisted living and memory care becomes pivotal. The 2 overlap in some services, yet they are built for really different needs and outcomes.

I have walked hundreds of households through this fork in the roadway. The best response depends upon medical diagnosis, behavior, personality, household capability, finances, and timing. Getting it incorrect is not just a trouble. It can result in falls, wandering, medication errors, and rapid decrease, or the opposite, unnecessary limitation that blunts an individual's remaining strengths. It assists to unpack what each setting truly does, what it does refrain from doing, and how to evaluate whether the guarantees on the brochure match the reality on the floor.

What assisted living in fact provides

Assisted living is developed for older adults who are primarily independent but need assist with certain daily tasks. Think of the individual who no longer wants the problem of a home, values having meals prepared, and requires help with bathing or medication suggestions, yet still makes their own choices. A well run assisted living neighborhood offers personal homes, three meals a day, housekeeping, transport, and a menu of activities. Personnel assistance covers the normal activities of daily living, such as dressing, grooming, and toileting. Numerous likewise have going to nurses, on website physical treatment, and medication management for an extra fee.

The approach is social and helpful, not medical. Homeowners can lock their doors. They select breakfast at 7:30 or 9:00, game night or the outdoor concert. Personnel ratios differ, but a common pattern is one caregiver to 12 to 18 homeowners throughout the day, less in the evening throughout a bigger group, with a nurse on call

instead of stationed on the unit. Safety functions include pull cables, movement sensing units, and front desk monitoring, however you will not see alarmed exits on every door.

Assisted living can accommodate mild amnesia, particularly when symptoms are mainly lapse of memory or slowed processing. Many homeowners in their late eighties fit this profile. They grow in a routine with light cueing, and they benefit from relationships with peers and staff they see daily. The problem comes when memory loss is paired with impaired judgment, elopement danger, or behaviors that need specialized training to handle. That is where memory care diverges.

What memory care includes, and why it matters

Memory care is developed for people coping with Alzheimer's illness and other kinds of dementia who require a safe and secure environment and structured, hint abundant days. It is still a residential setting, not a health center. Apartments are typically smaller and organized around common areas. Designs avoid long hallways that confuse visual perception. Paint colors and wayfinding cues are selected to support navigation. Restrooms have actually contrast colored toilet seats so homeowners can see them. Doors to the exterior are alarmed and secured to prevent wandering.

The program is not just bingo with a brand-new indication. Personnel receive targeted training in dementia care, including interaction techniques to reduce escalation, reading nonverbal cues, and utilizing recognition rather than confrontation. There is a strong focus on regular, sensory engagement, and significant activity. Instead of a one hour art class, you may see short small group sessions every 90 minutes, like folding towels, sorting buttons, or watering plants, woven with music, reminiscence, and strolls. Schedules are versatile enough to satisfy people where they are, like using an evening snack for those who are active after dinner, and quiet, low light spaces for citizens who sundown.

Clinical oversight tends to be tighter. A nurse is regularly present on the system. Medication passes are more frequent since some dementia medications and behavior supports need constant timing. There is likewise more proactive tracking for dehydration, urinary system infections, and constipation, all of which can look like sudden behavioral change and prevail triggers for hospitalization in this population.

The net result is a setting that can handle intricate behaviors and higher care needs while protecting dignity. Households often worry that a secured door suggests a locked away life. Good memory care does the opposite. It opens safe ways to move, connect, and express a self that is changing but not gone.

The gray zone, where decisions get tricky

The line between assisted living and memory care is not crisp. I consider Ms. Greene, a retired curator with early phase Alzheimer's who moved to assisted living at 78. She handled her own grooming and took part in book club, however she avoided meals, slimmed down, and grew anxious during the night. Personnel provided cued meals and added a nutrition shake mid afternoon. They matched her with a resident ambassador who knocked on her door before supper. That setting worked for 18 months. When she started pacing the hall to discover a sister who had actually passed away years previously and tried to leave the building, it quit working. She needed the predictability and safety of a memory care program to decrease the nighttime cycle of worry and wandering.



Then there was Mr. Alvarez, 91, coping with vascular dementia after a stroke. He required help with dressing and medication, but he was oriented to place and time, and he liked the woodworking store. His daughter explored memory care first, concerned about his diagnosis. We recommended assisted living since his judgment was sound and his joy originated from the full school offerings. That option provided him another two years of club activities, day-to-day strolls to the courtyard, and a simple brief relocate to memory care later when his confusion and falls increased.

The gray zone comes with threat. Moving prematurely into memory care can feel restrictive and waste money on services that are not yet necessary. Waiting too long in assisted living can cause emergency moves after a fall or authorities require wandering. The art is to match the setting to the threats you want to control right now while expecting the early signs that the balance has shifted.

Behaviors and threats that tip the scale

Real world tipping points tend to cluster around safety and distress. Repeated elopement attempts, nighttime wandering that defeats standard door alarms, hostility that personnel without dementia training can not de-intensify, and rejection to bathe or take medications despite cueing, all point towards memory care. So does a pattern of misinterpreting the environment, like confusing the closet for the bathroom or eating non food products. A single episode does not make the case, but a pattern does.

There are quieter signals too. A happy parent who stops signing up with any group activities and ends up being isolated in their space might be overwhelmed by the size and rate of assisted living. Visual and acoustic overstimulation in big dining-room makes some individuals shut down. If weight reduction or dehydration continue regardless of additional assistance, a smaller sized memory care dining room with more regular, streamlined meals can make a difference. I have actually watched individuals gain back five to 10 pounds simply from consistent, calm mealtimes and finger foods they can pick up without embarrassment.

Medical overlays matter. Parkinson's disease dementia, Lewy body dementia, and frontotemporal dementia can all express with habits that typical assisted living is not equipped to manage. Hallucinations, impulse control changes, or changing attention are not simply forgetfulness. Households in some cases ignore these symptoms because they reoccur. Personnel need to expect them even when the resident looks fine at 10 a.m.

Staffing, training, and what those ratios actually mean

Staffing is the backbone of both settings, but the mix is different. Assisted living relies greatly on qualified nursing assistants or personal care assistants with oversight from a nurse who may cover multiple floorings. Memory care usually enhances the ratio and adds more dementia particular training. Ratios are not apples to apples due to the fact that of layout and skill. A posted 1 to 8 ratio in memory care can be safer than a 1 to 12 in assisted living if the memory care assistants are stationed in the living-room where residents invest the day, rather than at the end of a hall.

Training depth is informing. Ask how staff are taught to approach a resident who declines a shower. A well experienced assistant will provide choices, warm the restroom ahead of time, hint step by step, and change strategies if the individual becomes distressed. In contrast, a rushed assistant without training may press ahead, resulting in escalation and injury. Medication management also differs. In memory care, nurses typically coordinate antipsychotic evaluations, display for dopamine blocking adverse effects in Lewy body dementia, and deal with physicians to adjust doses for sundowning. That level of watchfulness is not ensured in every assisted living.

Turnover is a silent variable. A setting with steady personnel, even if somewhat lower ratio on paper, might outperform a greater staffed building that churns through caregivers monthly. Residents with dementia count on familiar voices and gestures. Continuity minimizes worry, and worry drives behavior.

Costs, what drives them, and how to check out a quote

Sticker shock prevails. In lots of regions, assisted living starts around 3,500 to 5,000 dollars monthly for rent and standard services, then adds tiered care costs based upon the time and complexity of assistance. Memory care frequently begins greater, frequently 5,000 to 8,000 dollars, with an all inclusive design or a greater base plus minimal add ons. Rates in big city locations can go beyond 10,000 dollars for memory care when needs are complex.

Where does the distinction come from? Higher staffing, secured design, and a more intensive everyday program cost cash. Anticipate to pay more for a smaller resident to staff ratio and the existence of a nurse covering a tight footprint. Medications, incontinence supplies, and specialized therapies are typically separate. Transportation to medical visits may be consisted of for assisted living locals however limited or escorted for memory care, sometimes for a fee.

Read the contract gradually. Tiered designs can look more affordable in the beginning, then climb up rapidly as requirements increase. All inclusive designs move the danger to the company but might require a longer minimum stay. Ask what activates a care level increase. If the community expenses each time a resident needs [dementia care](#) 2 person transfers or nighttime checks, you require to pencil those into your realistic regular monthly expense. Clarify notice periods for moving from assisted living to memory care. Some service providers run both on the same campus and will waive some costs for an internal transfer. Others treat it as a brand-new admission.



Long term care insurance coverage can offset costs if the policy triggers have been satisfied, normally based upon needing aid with two or more activities of daily living or having severe cognitive disability. Veterans with service linked impairments or low income might qualify for Help and Presence benefits. Medicaid coverage for memory care varies by state, and schedule in personal neighborhoods is restricted. Many households bridge gaps with a mix of cost savings, home sale earnings, and policy payouts.

Lifestyle, autonomy, and the shape of a day

An excellent fit honors who the individual has always been. Assisted living tends to use more range and option throughout a broader school. For somebody who likes spontaneous conversation and independent afternoons with a crossword, this can be perfect. Memory care trims the buffet to a curated plate. Activities are easier and duplicated by design, not since personnel ran out of ideas. Repetition creates success and confidence.



One child as soon as told me, He will hate being told what to do. She was amazed when her father required to memory care. He did not like the word schedule, but he liked the predictability of warm coffee at 9, singalong at 10, and a walk at 11. In assisted living, he had actually been missing out on breakfast and sleeping on and off, then getting up wired in the evening. In memory care, his days had an arc that felt secure.

Autonomy is not synonymous with freedom to fail at security. In assisted living, you might choose when to shower and whether to lock your door, within factor. In memory care, autonomy looks like supported choices

within a safe container, such as two lunch choices, a quiet or vibrant table, and an invite to assist set napkins if you have restless hands. Households sometimes bristle at the secured door till they see the trade offered on the other side, which is more space to move without a fear of bolting through the wrong exit.

Respite care as a bridge and a test drive

Respite care is a short stay in a senior care neighborhood, generally 7 to 1 month, that offers caregivers a break and lets providers assess fit. It is underused and powerful. If you are torn between assisted living and memory care, a respite in each can reveal how your loved one responds to the environment. Some communities use a provided apartment and a flat everyday rate that consists of meals and care. Others professional rate by month. Insurance rarely covers respite unless tied to a rehabilitation discharge, however the insight can avoid an expensive incorrect move.

I have actually seen respite reframe presumptions. A son insisted his mother would never tolerate a secured door. 3 weeks in memory care later, she was visibly calmer, eating better, and sleeping through the night. The secure entry bothered him more than it did her. Alternatively, a respite in assisted living revealed another family that Dad still took pleasure in the woodworking club and might manage the design with very little cueing. They conserved thousands by waiting a year before transitioning to memory care.

Signs it may be time to shift to memory care

There is no single test that addresses this. I try to find clusters across safety, health, and mood. If wandering is relentless and can not be managed with door alarms and cueing, if weight loss continues regardless of tailored meals, if incontinence becomes unmanageable in shared dining or activity areas, or if personnel requires behavioral occurrences end up being weekly, the setting likely no longer matches the requirement. Another marker is the experience of other locals. If one person's loud distress routinely disrupts meals or activities in assisted living, the whole group suffers. Memory care can reroute that energy more skillfully.

Family capacity matters too. You may be filling gaps by sitting with your partner each evening to avoid sundowning. That is worthy, and it is not constantly sustainable. If the only method assisted living is working is due to the fact that you or a personal aide supply numerous hours of daily supervision, you are essentially running a small memory care in the wrong area. Sometimes relocating to memory care decreases overall cost because you no longer requirement to layer costly one on one care on top of assisted living rent.

How to compare communities on the ground

You can not judge a community from a brochure. You require to see life in motion. Utilize the following focused checks to anchor your trips and call, and duplicate them at different times of day.

- Observe the rhythm of the day. Visit mid early morning and late afternoon, when agitation typically spikes. Are locals engaged in short, manageable activities, or are they parked in front of a tv? View shifts like moving from activity to lunch. Smooth handoffs signal good staffing and routines.
- Watch the dining experience. Take a look at plate colors and part sizes. Are finger foods available for those who can not manage utensils? Do staff sit at eye level and cue bites, or do they stand and hover? Peaceful, unhurried dining is a strong predictor of weight stability.
- Test responsiveness. Call a call bell. Time for how long it takes for staff to show up, then do it once again later on. Ask what happens over night if a resident is awake and pacing. Responses must be concrete, not vague assurances.

- Review incident patterns. Demand determined data on falls, health center transfers, and use of one on one sitters in the last quarter. High rates are not automatically disqualifying, however you desire patterns discussed with restorative actions, like staffing modifications or brand-new routines.
- Validate staff training and tenure. Ask how many hours of initial dementia care training are needed, how typically refreshers take place, and what percentage of personnel have actually existed more than a year. Stability plus continuous training beats a shiny theater program every time.

Questions to ask throughout a tour that reveal the truth

Sales pitches rehearse the easy responses. These concerns force specifics and expose how the team thinks.

- How do you individualize look after somebody who refuses showers or medications? Explain the last time it was hard and what you tried next.
- What is your exact process if a resident elopes or efforts to leave? Who is alerted, how fast, and what changes after to prevent a repeat?
- If my parent is hospitalized, how do you coordinate re entry, medication reconciliation, and therapy services? Who owns that checklist?
- What are the triggers for moving from assisted living to memory care here, and what is the monetary effect of an internal transfer?
- How do you involve families in care strategy updates, and how typically do you proactively contact us versus awaiting us to call?

Coordinating with physicians and avoiding common pitfalls

Senior care works best when the medical team outside the structure remains in the loop. Too often, the primary care physician changes medications without input from individuals who see the resident most hours of the day. Before any move, indication releases so the neighborhood nurse can talk with the physician, neurologist, and therapist. Offer a composed baseline of behaviors and routines that work, including sleep, favorite foods, and sets off for agitation. If your loved one reacts well to a morning walk and a warm blanket before bath time, that is scientific details, not a nicety.

Avoid the trap of chasing after an ideal diagnosis before choosing a setting. Neuropsych screening can clarify the kind of dementia, however waiting months for a visit while worsening behaviors go unsupported does damage. Select for the needs you see now, while continuing to pursue medical clarity. Likewise beware of magical thinking that a new tablet will remove the need for structure. Medications can decrease anxiety or depression, yet they are not a replacement for a program that matches cognition.

Do not skip the night tour. Lots of families visit mid day when whatever looks intense. Memory modifications frequently amplify after sunset. See the system at 7 p.m. Are there enough staff to stroll with the restless? Is lighting warm and low, or severe and buzzing? Basic information in the evening make or break peace.

When the very first choice is not working

Sometimes you only realize an inequality after relocation in. Provide it two to four weeks unless there is a major safety issue. Transitions agitate anybody, and people with dementia might express that as anger or refusal. Proficient groups can typically turn a rough start by anchoring a regular, pairing the resident with a consistent team member, and inviting the household to visit at tactical times. If your gut informs you the program lacks

depth, document specifics. Are meals disorderly every day? Are showers skipped for a week? Patterns matter more than one tired out Tuesday.

If a change is needed, do not wait on crisis. Ask the current provider for help with a warm handoff. Share the knowing got so the next team can prevent the very same bad moves. One daughter brought a laminated card with her mom's life highlights, favorite songs, and 3 relaxing expressions. The brand-new memory care posted it in the staff space. That sort of carryover reduces the runway to stability.

The family function after the move

Families often feel their role disappears when a parent enters a senior care setting. In truth, your role shifts from direct care to advocacy, connection, and pleasure curation. Bring familiar music playlists. Label clothing plainly. Visit at the time of day your loved one is most responsive, not when it fits your calendar best. Notice and applaud what the personnel does well. People work harder for households who see them as partners, and that goodwill pays advantages when you require an extra check in the evening or fast call after a rough day.

Keep a basic notebook of observations. Dates of state of mind modifications, falls, medication tweaks, and appetite swings help the nurse see patterns that single shifts miss. If your parent had a urinary tract infection last March that triggered unexpected agitation, emphasize that in bold on the care plan. Memory care groups are excellent, not psychic.

Pulling the threads together

The heart of this choice is not whether memory care is better than assisted living, however which environment best matches a specific individual at a specific moment. Assisted living works well when cueing suffices, judgment is intact, and a social, versatile day brings energy. Memory care ends up being the right choice when safety risks increase, behaviors need skilled redirection, and a structured, sensory rich day protects function. Respite care can test presumptions without committing long term. Costs reflect staffing and program depth, so comparing line items and triggers for increases matters as much as the base rate.

If you feel torn, prioritize threats that would keep you up at night. If roaming tops the list, select secure. If seclusion and loss of interest control, a smaller sized, calmer memory care might in fact open more life than a larger assisted living campus. Ask pointed questions, tour at off hours, and let what you see carry more weight than what you are told. Done well, this choice does not end a chapter. It alters the setting so the story can continue with as much safety, convenience, and dignity 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 is described as a homelike residential environment

BeeHive Homes of Crownridge Assisted Living supports seniors seeking independence

BeeHive Homes of Crownridge Assisted Living accommodates residents with early memory-loss needs
BeeHive Homes of Crownridge Assisted Living does not use a locked-facility memory-care model
BeeHive Homes of Crownridge Assisted Living partners with Senior Care Associates for veteran benefit assistance
BeeHive Homes of Crownridge Assisted Living provides a calming and consistent environment
BeeHive Homes of Crownridge Assisted Living serves the communities of Crownridge, Leon Springs, Fair Oaks Ranch, Dominion, Boerne, Helotes, Shavano Park, and Stone Oak
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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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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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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