

**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 seldom take a seat one day and state, "It is time for assisted living." What really occurs is slower and more complicated. A missed medication here, a small cooking area fire there, a couple of stressing falls that "weren't a huge offer." Adult kids begin comparing notes after holidays. A spouse silently compensates till fatigue sets in.

Choosing the ideal level of elderly care is less about labels and more about sincere, in-depth observation of daily life. Terms like independent living, assisted living, respite care, and proficient nursing can sound cool on a pamphlet, but genuine individuals never ever fit completely into neat boxes. That is where judgment, persistence, and good concerns matter.

I have actually sat in living rooms with adult kids who made certain they were "simply looking" at choices and 6 weeks later remained in crisis mode because of a major fall. I have actually also fulfilled lots of older grownups who prospered for many years longer than anyone anticipated since the household selected the least restrictive level of senior care that still kept them safe. The art is in discovering that balance.

This guide strolls through how to think of levels of care, what to watch for in the house, and how to move from independent to assisted living in such a way that appreciates both security and dignity.

## How levels of elderly care fit together

Before entering into assessments and indication, it assists to see the big picture. Elderly care in many communities falls along a continuum, from minimal support to intensive medical care.

A quick snapshot of typical care levels:

- Independent living: Private apartments or cottages with optional services like meals, housekeeping, and social activities, but no hands-on care.

- Assisted living: Housing plus help with daily activities such as bathing, dressing, and medications. Staff on website 24/7, however limited medical care.
- Memory care: A protected environment with personnel trained for dementia and Alzheimer's, typically part of an assisted living or skilled nursing campus.
- Skilled nursing (nursing home): The highest level of continuous medical and individual care outside a hospital, with nurses readily available around the clock.

Respite care can exist at several of these levels. It simply means short-term care, frequently utilized to give a family caregiver a break, or to recuperate after a health center stay before returning home.

Real lives frequently move back and forth on this continuum. A person may live separately, break a hip, invest short-term rehab in an experienced nursing center, then move into assisted living, and sometimes utilize respite care after an illness. Believing in terms of versatility, not one decision, makes the process less overwhelming.

## **Start with the day, not the diagnosis**

Families often frame the concern around medical conditions. "My father has diabetes and mild heart problem, so he needs to require X." That approach can misinform you. Two people with the same medical diagnosis may operate at very different levels.

Instead of starting with the medical chart, start with the regular day. If you shadowed your parent or spouse for 24 hours, where would you see risk, pressure, or confusion?

Good senior care choices originate from extremely comprehensive, extremely practical concerns. For instance:

Does the individual keep in mind to take medications on time without reminders?

When they shower, can they safely get in and out, clean thoroughly, and dry off without losing balance? If the smoke alarm went off at 2 a.m., would they know what to do and be able to do it? Can they handle their own mail, bills, and fundamental money choices without someone catching errors?

These sort of concerns tell you more about the ideal level of care than a diagnosis alone. A person with multiple health conditions may still live rather separately with a little help, while somebody with early dementia might need supervised assistance much earlier than the family expects.

## **A simple framework for examining needs**

Professionals typically discuss ADLs and IADLs. These medical acronyms in fact explain the foundation of everyday life.

Activities of day-to-day living (ADLs) include bathing, dressing, grooming, toileting, consuming, and mobility or transferring (for example, getting in and out of a chair or bed). When someone starts to require hands-on assist with several ADLs, assisted living or in-home assistants normally go into the picture.

Instrumental activities of daily living (IADLs) are the complex tasks that keep a household and life running. Cooking, cleansing, doing laundry, handling medications, shopping, using transportation, and handling finances fall under this group. Struggles here are typically the first visible indications that an older grownup is not completely independent anymore.

I motivate families to think in 3 layers:

First, what is the individual doing safely and dependably on their own, every day, without reminders or supervision?

Second, what are they technically doing alone however just because somebody is compensating behind the scenes, such as pre-filling pill boxes, dealing with all the driving, or quietly paying the bills?

Third, what are they refraining from doing at all, or plainly doing in a risky method: skipping showers for fear of falling, leaving burners on, or misplacing time outside the house?

Once you have that picture, you can match it to the environment most fit to those needs, rather than beginning with what is readily available in your area and attempting to require a fit.

## **When independent living still works**

Independent living is created for older grownups who are generally self-dependent but want neighborhood, benefit, or a "soft landing" from home maintenance. Think of it as apartment living for elders, with safety functions and services nearby.

For the ideal person, independent living can postpone or perhaps avoid a transfer to assisted living. I have actually seen individuals bloom when they no longer needed to worry about cooking for one or shoveling snow, which additional energy equated into better health habits.

Independent living is typically a great fit when:

The individual handles their own medications precisely, or only needs light assistance such as a weekly pillbox setup.

They move around securely with or without a walker, have really infrequent falls, and know when to use emergency situation call systems. Memory is mainly intact. Periodic forgetfulness does not interfere with safety or finances. They can navigate easy technology like a phone and television remote, and call for help when required.

The danger with independent living is assuming that personnel will "watch on things." Many independent living neighborhoods are legally limited in what they can do in terms of hands-on care. If your relative starts skipping meals, gets lost in the corridors, or stops going to activities, the neighborhood might alert you, however they will not instantly action in the way an assisted [assisted living facilities in san antonio tx](#) living group would.

Families need to have a clear, early contract with the resident and the neighborhood about triggers for reassessment. For instance, 2 or more falls in three months, obvious weight loss, or constant missed out on medications might prompt a formal evaluation for assisted living.

## **What assisted living in fact provides (and what it does not)**

Assisted living often sits in the gray area between independent living and nursing home care. It is likewise where I see the most confusion and mismatched expectations.

In a well run assisted living neighborhood, locals still have a substantial degree of autonomy. They lock their own doors, provide their own apartment or condos, and decide how to spend the majority of their day. The essential difference is that personnel aid with ADLs and monitor health associated routines.

Typical services include assist with bathing and dressing, reminders or administration of medications, escorts to meals if walking is challenging, and monitoring of standard health indications such as weight, hunger, and behavior changes.

Families often overstate the medical element. Assisted living is not a substitute for a nursing home in intricate medical circumstances. Staff might manage simple wound care, display high blood pressure, or assist an individual with diabetes, but they are not geared up for ventilators, advanced pressure ulcers, or unpredictable medical crises that need continuous nursing oversight.

The sweet area for assisted living usually looks like this:

The individual needs hands-on aid with one or more ADLs. Possibly they can no longer shower securely alone, or they struggle with handling numerous medications accurately.

Cognitive modifications are present however not so severe that the individual wanders regularly or ends up being a clear risk to others. Persistent health conditions are primarily steady under physician supervision, with predictable routines that trained caregivers can help bring out. The individual benefits from built in social contact and structure, such as dining with others and taking part in prepared activities.

When relative are stressing out from "drive by" caregiving numerous times a day, assisted living frequently restores balance. Rather of handling medication pointers, incontinence care, and night time calls, relatives can step back into a more relational role and let the neighborhood deal with the physical care routines.

## Memory care and cognitive safety

Cognitive decline alters the formula in subtle methods. An individual might still stroll well and handle standard self care, yet be hazardous in the house due to the fact that of poor judgment, disorientation, or unforeseeable behavior.

Common indications that memory care, or a minimum of structured monitored living, should be on the table consist of:

Leaving home and getting lost in familiar neighborhoods.



Ending up being suspicious or paranoid about caregivers or neighbors. Unsafe usage of home appliances, such as putting metal in the microwave or forgetting food on the stove. Sundowning, with agitation or confusion heightening in the late afternoon and evening.

Memory care units inside assisted living or nursing homes are generally secured and have staff qualified particularly in dementia care. Activities are tailored to much shorter attention periods. Visual hints and simple designs help locals navigate. The goal is not simply security, however also preservation of staying abilities and decrease of stressful behaviors.

It can be challenging for families to accept the need for a locked unit. Many feel it is "too restrictive." The question I ask is whether the present setting allows the individual to be as safe and calm as possible. If a spouse spends every night chasing their partner down the street since they wandered off in pajamas, a safe environment can actually bring back more dignity to both people.

## **Skilled nursing and when it becomes necessary**

Skilled nursing facilities, typically called nursing homes, are the most intensive type of senior care in a non health center setting. People in some cases fear this level, viewing it as a last resort. Yet for some, it is just the proper response to complicated medical and personal care needs.

Skilled nursing makes good sense when:

There are regular or unpredictable medical problems that need close tracking by nurses, such as intricate wound care, IV medications, or oxygen that can not be safely managed in assisted living.

The individual is completely or mainly reliant for transfers, toileting, and feeding, especially if they are heavy or not able to help caregivers, which increases the danger of injury to household or assisted living staff. There are serious swallowing issues, regular goal pneumonia, or the requirement for feeding tubes. Behavioral symptoms of dementia threaten and can not be handled safely in a lower skill setting.

A useful psychological filter is this: if you would not feel comfortable leaving this individual for 8 hours in the care of a newly trained caretaker without direct nurse supervision, experienced nursing might be more appropriate than assisted living.

## **Where respite care fits into the picture**

Respite care often does not get sufficient attention, yet it is among the most important tools in senior care planning. It merely means short-term, short-lived care that gives the primary caregiver a break.

Respite can occur in numerous settings:

A few days or weeks in an assisted living neighborhood, utilizing a supplied house and momentary care plan.

Short-term admission to a competent nursing facility for rehab or healing after illness, often with Medicare or other insurance coverage. In home assistants who come for a set number of hours weekly so a partner or adult child can rest or handle other responsibilities.

Using respite care early frequently helps families delay irreversible positioning. A spouse who understands they will get a full week of rest every few months is generally more able to sustain caregiving in your home the rest of the time. It also provides both caregiver and care recipient a chance to "evaluate drive" a community setting without committing to a full move.

I have actually seen lots of successful shifts where the very first experience with assisted living was in fact a respite stay. Familiar faces, routines, and a known building made the ultimate long-term move feel less like a disruption and more like going back to a recognized safe place.

## **Balancing security, self-reliance, and identity**

Every decision about moving from independent to assisted living, or beyond, sits on a 3 legged stool: safety, independence, and identity. If you focus solely on security, you run the risk of removing away autonomy and

creating bitterness. If you focus just on independence, you might disregard threats that can result in disastrous outcomes.

The technique is to ask, "What is the least restrictive environment that still keeps this individual reasonably safe?" That expression, reasonably safe, is essential. No setting can eliminate all danger, and attempting to do so frequently causes overprotection that deteriorates quality of life.

Respecting identity implies taking notice of what offers the person a sense of self. A retired engineer might feel at home in a neighborhood with woodworking or playing areas. An individual of strong faith may prioritize a place with routine religious services. Someone who has actually always valued personal privacy may choose a smaller assisted living over a big campus with busy common areas.

I typically suggest families include the older grownup in visits to a number of communities, even if cognitive decrease exists, and enjoy their reactions. Do they light up during a music program? Do they appear overwhelmed by sound? Do they linger by the garden or the library? These small ideas assist match character to environment, not just care needs to services.

## **Money, timing, and what households wish they had actually understood earlier**

Financial truths shape options. Assisted living expenses can vary extensively depending on location, from modest monthly fees in some regions to luxury-level pricing in others. Knowledgeable nursing is usually more pricey, however might have more protection choices through Medicare or long term care insurance, specifically for post severe stays.

A few patterns show up repeatedly in household discussions:

People often underestimate for how long they will require assistance. Planning as if care will last at least three to five years, and possibly longer, produces more sensible budgeting.

Adult kids in some cases assume their parent will "never move" or "decline care," just to discover that truthful, early conversations lower resistance. Many families await a crisis before exploring communities. Touring when you are not in crisis enables you to compare choices in a calmer way, without a healthcare facility discharge planner advising a very same day decision.

If you can, talk with a reputable elder law attorney or monetary organizer who understands senior care. Comprehending what possessions are secured, how Medicaid rules work in your state, and whether any long term care policies apply takes a few of the fear out of decision making.

## **Talking about the shift without breaking trust**

The psychological side of moving from independent to assisted living is normally harder than the logistics. Losing a home, or even just acknowledging that assistance is required, can seem like a loss of control.

A few principles assist those discussions go much better:

Start early, when the relocation is still hypothetical. It is simpler to go over "someday, if you ever need more aid" than "you need to move next month." Early talks develop a shared language for later decisions.

Explain your observations, not decisions. "I have observed three falls this year, and I am worried about you being alone in the evening" opens area for discussion. "You can not live alone any longer" corners the other person. Deal choices where you can. Even if remaining totally independent is no longer safe, you might be able to offer

options between two neighborhoods, or in between a studio and a one bedroom, or between relocating spring or fall. Well framed choices maintain agency. Be honest about your own limitations. Spouses and adult kids typically guarantee "I will never ever put you in a home" because it feels caring. When reality makes that guarantee impossible to keep, guilt and bitterness grow. It is more honest and kinder to say, "I will always make certain you are taken care of, even if at some time I can refrain from doing all the care myself."

I have actually seldom seen a family regret being honest about burnout. I have frequently seen caregivers wind up in the medical facility since they waited too long to look for more structured support.

## **What to try to find when you tour senior care communities**

Once you have a sense of the ideal level of elderly care, the concern ends up being which specific neighborhood or agency to select. Pamphlets and websites are designed to look outstanding. The real story lies in the information you observe throughout a visit.

Consider these concerns when you tour:

- How do personnel talk with locals: by name, at eye level, and with persistence, or as tasks to be completed?
- Do typical locations look used and comfortable, or staged and empty?
- Are there homeowners with requirements similar to your relative, and do they appear engaged and reasonably content?
- What is the staff turnover rate, specifically among assistants and nurses, over the last year?
- How does the neighborhood deal with modifications in condition, such as more regular falls or new habits related to dementia?

If possible, visit unannounced during a meal time. View the length of time citizens await support. Listen to the tone in the dining room. Odor matters too; occasional smells in health care settings are inevitable, however strong, persistent gives off urine or cleaning chemicals hint at persistent issues.

Ask to see an example care prepare for a fictional resident with needs comparable to your loved one. The level of detail, and how customized it seems, will inform you a lot about their technique to elderly care.



## **Using respite and steady steps to reduce the move**

For lots of older adults, the primary step far from living totally individually does not need to be an irreversible relocation. A home care aide a few times a week, adult day programs, or short respite stays can create a bridge.





For example, a widowed gentleman who has stopped cooking might begin with daily delivered meals and a weekly housekeeping service. When movement decreases, he might add a morning caregiver to aid with bathing and dressing, while staying in his house. Eventually, when nighttime roaming starts, a respite stay in assisted living can let everybody test whether that environment feels right, before any long term commitment.

These steady steps decrease the feeling of being "sent out away." They likewise offer families a chance to adjust their expectations. It prevails for relatives to envision that assisted living will quickly fix all problems, from isolation to persistent discomfort. In reality, it is one tool among many. Discomfort needs medical attention, grief needs time and perhaps therapy, and solitude typically requires active encouragement to take part in neighborhood life.

When a move does happen, try to bring aspects of home: familiar pictures, a preferred chair, a quilt, or a favorite mug. These small anchors soften the shock and signal that the individual is more than a space number in a senior care facility.

## **When you are still unsure**

Even with mindful evaluations and community visits, there are constantly gray locations. A person may be borderline in between independent and assisted living, or in between assisted living and experienced nursing. In those scenarios, it helps to ask yourself three questions.

If absolutely nothing changed and we not did anything for the next 6 months, what is the most likely outcome?

If we are incorrect and select a lower level of care than needed, what are the biggest risks, and are we going to accept them? If we are incorrect and pick a higher level of care than needed, what would the person lose in terms of self-reliance and identity, and can we mitigate those losses?

There is hardly ever a perfect, run the risk of totally free option. However clear thinking about trade offs leads to choices that most households can deal with, even if the roadway is bumpy.

The move from independent to assisted living, or to any brand-new level of care, is ultimately about protecting as much life as possible inside changing limits. When you focus on concrete day-to-day realities, respect the person's identity, and utilize respite care and other assistances sensibly, you can browse that shift with more self-confidence, and with less regret.

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 supports seniors seeking independence  
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BeeHive Homes of Crownridge Assisted Living does not use a locked-facility memory-care model  
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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 has Google Maps listing <https://maps.app.goo.gl/YBAZ5KBQHmGznG5E6>  
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BeeHive Homes of Crownridge Assisted Living won Top Assisted Living Homes 2025  
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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?

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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 BeeHiveHomes of Crownridge Assisted Living until the end of their life?

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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

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# What are BeeHive Homes of Crownridge Assisted Living & Memory Care visiting hours?

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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?

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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?

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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](https://apps.hhs.texas.gov/news_info/ombudsman).

## Are all residents from San Antonio?

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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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Sunday 9am to 5pm.

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

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You can contact BeeHive Homes of Crownridge Assisted Living & Memory Care by phone at: [\(210\) 874-5996](tel:2108745996), visit their website at <https://beehivehomes.com/locations/san-antonio/>, or connect on social media via [Facebook](#) or [Instagram](#)

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