

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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Walk into a great small assisted living home on a regular weekday and you will generally observe three things before anyone states a word. The sound level is low however not quiet. Somebody is cooking or reheating something that smells like genuine food, not a tray line. And a minimum of one team member is not behind a desk, however at a shoulder, an elbow, or a kitchen area table, talking with an older adult as if they have understood each other for years.

That texture of daily life is what households mean when they state they desire "hands-on" senior care. They are not asking for high-end. They are asking for attention, connection, and enough human existence to trust that a parent will not be left alone when it matters.

Small assisted living homes, frequently called residential care homes, board-and-care homes, or group homes, can be a strong response to that demand when they are succeeded. They are not the ideal suitable for everybody, and they are not instantly more compassionate than larger structures, however their scale provides tools that big residential or commercial properties struggle to use.

This short article looks inside those smaller environments and analyzes how empathy in fact shows up in day-to-day elderly care, how respite care suits, and what trade-offs families ought to understand before selecting a home.

What "small" assisted living actually means

The term "small assisted living" covers numerous models. In practice, it normally suggests homes with 4 to 16 citizens living in what feels and look more like a house than a hotel.

Regulations vary by state or province. Some jurisdictions accredit these homes individually from large assisted living neighborhoods, with different staffing rules or service limitations. Others treat them under the same umbrella, although the lived experience is different.

The physical environment tends to share particular characteristics:

Residents frequently have private or semi-private bed rooms rather than apartment-style suites. Commons locations resemble a living-room and family-style dining area. The cooking area is more main, and meals are ready closer to serving time, often by the exact same personnel who aid with bathing and medication.

The small scale is not automatically a benefit. A confined, badly lit home is still a confined, improperly lit home. The advantage comes when the modest size supports closer relationships, shorter response times, and a more versatile rhythm of care.

In my experience, the greatest small homes are extremely clear about what they can and can not do. A six-bed home with 2 staff on days and one awake over night can deal with lots of assisted living needs: assist with dressing, showers, incontinence care, medication management, cueing for amnesia, and light mobility support. That exact same home may not be safe for a person who has duplicated aggressive outbursts or who needs two individuals and a mechanical lift for each transfer.

The most caring operators say no when they can not satisfy a requirement, even if that implies losing a full room.

Why size changes the feel of care

Compassion in elderly care is not a motto. It is a set of behaviors that can be sensed, timed, and even quantified.

One way to understand the difference in between small assisted living homes and bigger buildings is to consider how many individuals a staff member should bear in mind simultaneously. In a 60-resident neighborhood, an assistant on a morning shift might have 10 to 14 people on their project. In a small home with 8 homeowners and 2 assistants, that caseload drops to 4.

On paper, that looks like time. In reality, it looks like:

A staff member discovering that Mrs. S is slower to stand today and calling the nurse to look for a urinary system infection. Somebody bearing in mind that Mr. K's child said he had a fall in your home in 2015, and seeing more closely on the stairs. A caretaker who knows that if they give Ms. R a couple of additional minutes after waking, she will be far less upset throughout her shower.

Those are examples of "relational knowledge," the small specific details that build up when the same individuals look after one another day after day. The smaller the home, the less typically tasks modification and the easier it is for personnel to hold that understanding in their heads, not just in a chart.

Families feel this when they call. In lots of small homes, the individual who responds to the phone has seen their parent within the last 30 minutes. They can say, "He consumed more breakfast than usual today" or "She went outside with us this afternoon." That immediacy gives families a sense of psychological security, especially when they can not visit as often as they would like.

Of course, small size does not repair understaffing, burnout, or bad training. A six-bed home with one distracted caregiver who spends the evening in the back office can feel more neglectful than a busy 80-unit structure with visible activity and oversight. Scale creates possibilities, not guarantees.

A day in a high-touch small home

The clearest method to understand hands-on care is to stroll through a typical day.

Morning usually starts earlier than households anticipate. Many older grownups wake in between 5 and 7 a.m., particularly those with discomfort, dementia, or long-standing regimens from working life. In a strong small

assisted living home, personnel stagger wake-ups based on individual preference. Somebody who constantly liked to oversleep might be the last to increase and consume breakfast at 10. Someone else, a previous farmer, might be in a chair with coffee by 6:30.

Hands-on care shows in pacing. Rather of hurrying 8 individuals through showers before a set breakfast window, personnel might spread out bathing over the morning and early afternoon, pairing each person's energy level with a calmer time on the schedule. An assistant may rest on the bed, talk through the day, give additional time for stiff joints, and adjust clothing choices to weather and mood.

Meals are typically where small homes shine. Since there are fewer people, the kitchen can adjust quickly. If a resident reveals less hunger at breakfast, staff might use a late-morning snack, add a preferred yogurt, or heat up remaining pancakes when the mood strikes. That versatility can make a genuine difference in maintaining weight and preventing dehydration, specifically for people with amnesia who need regular prompts.

Medication rounds feel different in a small home as well. The staff member passing medications usually knows who requires their pills embedded applesauce, who prefers to see each tablet clearly, and who is most likely to hide a tablet under their tongue. That understanding minimizes refusals and errors.

Afternoons tend to be quieter. Some residents nap. Others watch tv, check out, or sit outside. This is where a small environment either shows its strength or its weak point. With so couple of people, monotony can sneak in if personnel rely only on group activities. Houses that do this well construct small minutes of engagement: folding laundry together, chopping veggies for dinner, taking a look at old picture albums individually, or watering plants.

Evenings are often the hardest part of the day in dementia care. Confusion and agitation can spike, a pattern referred to as "sundowning." In a small home with a predictable, calm regimen, staff can dim the lights, placed on familiar music, and move locals into cozier spaces instead of large, echoing rooms. That environment is not a remedy, however it typically lowers the volume of distress.

Throughout all of this, hands-on care implies touching with objective, not simply performance. A caretaker might hold a hand during a blood pressure check, inform somebody briefly what they are doing at each step of incontinence care, or sit for an extra minute after assisting someone onto the toilet so the individual does not feel hurried. Those small stops briefly communicate self-respect more than any framed mission statement.

Where respite care suits small homes

Respite care, short-term stays that give family caretakers a break, can be particularly effective in small assisted living settings. When used thoughtfully, respite presents an older adult and their family to a home before a long-term relocation is needed.

Families often arrive at respite tired. A daughter might have been providing day-and-night senior take care of a parent with advancing dementia. A partner may require surgical treatment and can not securely lift or monitor their partner during their own recovery. In these situations, a small home can provide something more personal than a guest space in a large community.

The advantages are practical. Brief stays of one to four weeks in a home with 6 or 8 homeowners enable staff to learn a person's practices quickly. If the individual later returns for long-term elderly care, those notes about favorite foods, sleep patterns, or triggers for agitation are currently in location. The older grownup, in turn, is not strolling into an entirely unfamiliar environment.

However, not every small home deals respite. With so couple of rooms, keeping a bed open for short stays can be economically dangerous. Some homes preserve a "swing space" that rotates between respite and hospice use,

while others accept respite only when they have a natural job. Families looking for this choice must start early and anticipate that exact dates may be less flexible than in large structures with numerous empty units.

From a compassion perspective, the essential question is whether respite homeowners are dealt with as complete members of the family, or as short-term visitors. In my view, the greatest homes present respite guests to everybody, include them at meals and activities, and invest the very same energy in their grooming, routines, and preferences as they do for long-term homeowners. Anything less feels transactional.

Staffing: the real engine of hands-on care

Every sales brochure for senior care will speak about empathy. The reality appears on the staffing schedule.

In a strong small assisted living home, daytime staffing frequently looks like one caretaker for every 3 to 5 citizens, often supplemented by a nurse visit or an on-call nurse through an agency. Over night staffing might drop to one awake individual for the entire home, periodically supported by a live-in team member sleeping nearby.

Those ratios, when filled by trained, stable personnel, make true hands-on care practical. A caregiver can take 20 minutes for a shower rather of 8. They can hang around attempting different techniques when someone declines care, rather than simply recording "resident decreased."

Training is where small homes in some cases struggle. Big neighborhoods usually have business education departments, standardized modules, and clear career courses. A stand-alone care home may depend upon the owner's understanding and whatever external classes they can pay for. The best owners compensate by investing greatly in on-the-job mentoring. They work shoulder to take on with new staff for weeks, modelling how to talk with residents, handle dementia behaviors, and notification subtle health changes.

Burnout is the quiet enemy of hands-on care. In a small home, if one essential caregiver stops or ends up being ill, the psychological and practical impact is enormous. Citizens feel the absence immediately. Remaining staff should take in extra work. To manage this, accountable operators restrict mandatory overtime, employ relief staff even when margins are thin, and develop relationships with hospice and home health firms so some jobs can be shared.

Families often presume that a small home will feel like an extension of their own family. That can be true, however it is unreasonable to expect personnel to replace all the love, persistence, and memory that relatives bring. Healthy arrangements acknowledge that personnel are professionals. Compassion becomes part of their work, and they deserve pay, time off, and respect that shows the psychological load of that work.



Trade-offs: what small homes can not easily provide

It is appealing to paint small assisted living homes as the ideal response to every difficulty in elderly care. Truth is more nuanced.

First, medical intricacy matters. A frail older adult with controlled persistent illnesses can do very well in a small setting. Somebody who needs regular IV treatments, daily breathing therapy, or rapid-response medical interventions may be safer in a neighborhood with on-site nursing 24 hr a day or in a nursing facility.

Second, specialized dementia support differs. Some small homes stand out at dementia care, utilizing calm regimens, customized interaction, and safe and secure lawns or outdoor patios. Others have neither the personnel numbers nor the training to handle extreme wandering, sexually disinhibited behaviors, or repeated physical aggressiveness. Households should ask straight how the home deals with these scenarios and how often they have actually had to release somebody for behavior.

Third, social range is restricted. Some older adults grow in a small, stable group and find big activities overwhelming. Others enjoy more stimulation, clubs, trips, and the opportunity to satisfy brand-new individuals regularly. A home with six residents can not provide the exact same calendar as a 100-unit neighborhood with a full-time activities director. The key is match. A shy former teacher who enjoys quiet one-on-one conversations might thrive where a more extroverted individual feels cooped up.

Finally, small homes are vulnerable to ownership quality. With no corporate parent to impose standards, the owner's principles, monetary discipline, and personal durability are front and center. I have actually seen amazing owner-operators who respond to the phone at midnight, been available in on vacations, and understand each resident's grandchild by name. I have actually likewise seen poorly run homes where expenses go unpaid, staff turnover is consistent, and residents experience avoidable disregard. Checking out face to face and trusting what you observe stays essential.

Small vs big: the useful distinctions families notice

For households comparing small assisted living homes with larger centers, it helps to look beyond marketing language and focus on actual day-to-day experiences.

Here are some distinctions that frequently emerge:

1. Response time to needs

In a small home, the distance between a bedroom and the nearby caretaker is normally short, and staff can hear someone calling out from many parts of your home. In a large structure, action depends greatly on call systems, project size, and staffing on that particular shift.

2. Consistency of relationships

Locals in small homes tend to see the same 2 to five caretakers most days. That stability can be calming, specifically for people with dementia who depend upon familiar faces. Larger structures in some cases turn staff more frequently among floorings or wings.

3. Flexibility of routines

It is easier for a small home to adjust shower days, meal times, or bedtime to individual preferences, due to the fact that there are less individuals to collaborate. Large communities, by need, rely more on repaired schedules to keep operations manageable.

4. Visibility of leadership

In numerous small homes, the owner or administrator is on-site often, not simply throughout business hours. Households can often talk with a decision-maker straight. In large residential or commercial properties, management may supervise many departments and be less readily available daily.

5. Access to amenities

Big communities typically have more formal facilities: health clubs, theaters, beauty salons, chapels. Small homes trade that scale for a more intimate setting. Some families value the amenities highly; others care more about the texture of daily interactions.

No single model wins on every point. The ideal choice depends upon the older adult's character, health status, financial resources, and the family's expectations.

How to assess hands-on care when you visit

Touring a small assisted living home is less about the paint color and more about the energy in between individuals. A home can be modest and still provide outstanding care; it can also be perfectly provided and emotionally cold.

During a visit, see how staff and residents connect when they are not "on show." Listen for how names are used. Do staff introduce locals to you, or talk over them? Does anybody laugh together, or does the atmosphere feel tense?

It can help to bring a list of focused questions so you do not forget key subjects in the moment.

Here are useful concerns households typically discover beneficial:

1. "Who will in fact be caring for my parent day to day, and what training do they have?"
2. "How many citizens are here, and the number of personnel are on responsibility throughout days, nights, and nights?"
3. "Tell me about a recent circumstance where a resident's condition altered rapidly. What occurred and how did you handle it?"
4. "What types of behaviors or care needs would make you say this home is no longer a safe fit?"
5. "Do you use respite care, and have any short-stay guests later moved in permanently?"

The specifics of their answers matter less than whether the reactions are clear, honest, and constant with what you see around you. Vague promises without examples need to be a warning sign.

If possible, visit at different times of day. Late afternoon and early night are particularly telling, due to the fact that staffing dips and tiredness rise. That is when rushed or thin care shows itself.

Working with the home as a true partner

Even the most attentive small home can not change the distinct role of family. The very best results occur when relatives, citizens, and staff see themselves as a care team instead of as separate sides of a contract.

From the family side, this means sharing comprehensive history. What calms your mother when she is scared? Which music did your father love? How did your auntie take her coffee for the last 40 years? These might sound like small details, but in a small home, they are precisely the tools personnel use to convenience, reroute, and connect.

It likewise suggests setting practical expectations. Personnel can not call each kid every day, but they can send a quick text one or two times a week, or upgrade a shared notebook in the resident's room. Families who visit and engage respectfully with staff, ask how shifts are going, and state thank you for particular acts of compassion tend to construct stronger partnerships.

From the home's side, empathy in practice implies transparent interaction, especially when things go wrong. Falls will still occur. A beloved caregiver may quit or move away. Illness can sweep through even the cleanest home. What differentiates a credible operator is how quickly they inform households, how they discuss decisions, and how they welcome families into care-plan changes.

When small is the ideal sort of big

Assisted living, in any form, is about helping older grownups maintain as much autonomy and convenience as possible while remaining safe. Small homes approach that goal through intimacy instead of scale.

For some individuals, that intimacy feels like a village. A retired mechanic who never ever liked crowds might find it simpler to navigate a single-story house than a multi-wing school. A person with innovative dementia might feel less overwhelmed by a handful of faces and a brief corridor. A spouse supplying daily care in the house might finally sleep through the night throughout a respite stay, knowing their partner is just a couple of actions away from a caregiver.

For others, the exact same intimacy can feel confining. A former executive utilized to a large social circle might [assisted living in san antonio texas](#) prefer the bustle of a larger community, even if that indicates a more structured regimen. Someone who likes organized trips, classes, and occasions might discover a small home too quiet.

The main question is not "Which type is much better?" but "Which setting gives this specific individual the very best chance at a dignified, interesting, and safe life right now?"

Compassion in practice is not a soft principle. It is the hand at an elbow on a slippery restroom flooring, the client repetition of a response to the exact same question ten times in an hour, the determination to discover that Mr. L consumes much better if his peas do not touch his potatoes. Small assisted living homes, at their best, are constructed to make that level of attention feel ordinary.

For families browsing senior care choices, it deserves stepping past the shiny photos and asking to see what occurs in the in-between minutes. That is where you will discover the type of hands-on care that lets both homeowners and relatives breathe a little easier.

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

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

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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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Conveniently located near [Santikos Palladium](#) a amazing upscale movie theater with full food & drink menu. Catch a movie and enjoy some great food while you wait.