

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 hardly ever begin looking for elderly care on a calm afternoon with plenty of time. More often, it begins after a late night telephone call, a fall, a medical facility discharge, or the sluggish realization that a partner or adult kid just can not keep up with growing care requirements. In those moments, the senior care landscape can seem like a maze of jargon and glossy brochures.

One of the most crucial distinctions, and one that often gets overlooked, is the distinction between large institutional facilities and small assisted living neighborhoods. The size of a setting shapes nearly every aspect of life for an older adult, from how quickly staff observe a change in appetite, to whether somebody sits alone at breakfast, to how confidently you sleep in the evening understanding your parent is safe.

Over the last 15 years dealing with families and care groups, I have seen again and once again how small, relationship-based communities can change elderly care. They are not a perfect fit for everyone, but they frequently deliver a level of customization that bigger environments battle to match.

This short article looks closely at why size matters in assisted living, how small neighborhoods work when they are succeeded, and what useful signs families can look for when examining alternatives, including respite care stays.

What "small" assisted living actually means in practice

The expression "small assisted living" covers a variety of designs. At one end are residential care homes, in some cases called board-and-care homes or adult family homes, which frequently serve 4 to 12 citizens in a single home. At the other end are boutique assisted living neighborhoods with 20 to 40 homeowners, created deliberately to stay well below the hundred-plus residents discovered in numerous senior living campuses.

Regardless of licensing category, small neighborhoods share a few typical features:

They run on a human scale. Personnel can usually call every resident without taking a look at a chart. When the nurse walks into the living-room, she recognizes who chooses organic tea, who avoids dairy, and who has problem with sundowning in the late afternoon.

They blur the line between "facility" and "home." Locals usually share common spaces such as a family-style dining-room, a small garden, and a living room with real furnishings, not rows of similar chairs. The environment aims to support both self-respect and comfort.

They run leaner hierarchies. Rather of layers of managers, small homes frequently have a manager or owner who exists and hands-on. Decisions about care modifications, activities, or menu modifications can be made quickly, with far less bureaucracy.

They rely heavily on culture and relationships. A small neighborhood can not hide bad care behind a huge activities calendar or an expensive lobby. Households see the same faces on each visit, and it ends up being very clear whether there is heat, persistence, and consistent follow-through.

This scale shifts the focus of assisted living away from logistics and toward the actual lived experience of elderly care.



Why customization matters a lot in elderly care

Personalized care is not a luxury add-on in senior care. It is central to health, security, and quality of life, especially when somebody copes with multiple chronic conditions, mild cognitive problems, or early dementia.

Older grownups rarely fit nicely into lists. One resident may have congestive heart failure and diabetes but still be a devoted garden enthusiast who wakes up early. Another may be physically robust but nervous, with a history of depression and a strong choice for privacy. A third may have restricted English, high fall risk, and strong cultural or spiritual routines that define the rhythm of the day.

Standardized "care strategies" can look great on paper yet fail in reality if they are not constantly changed in response to the resident's everyday patterns. This is where smaller assisted living environments tend to stand out:

Staff notice subtle changes. When caretakers see the same 8 to 20 citizens every day, they acknowledge what is typical for each person. A partial breakfast, a missed out on joke, or a shorter-than-usual walk may trigger a peaceful check-in that prevents a bigger problem.

The environment adjusts to the individual, not the other method around. For instance, I as soon as worked with a small neighborhood where one resident, a retired baker, tended to roam in the evening. Instead of simply medicating or restricting him, personnel developed a safe, low-stimulation "late night kitchen" ritual where he could knead dough with supervision and then settle more quickly. It fit his lifelong routine and drastically decreased agitation.

Preferences carry weight. Whether somebody eats with adaptive utensils, showers at a specific time, or takes part in spiritual rituals, those choices become a regular part of the day, not "special requests."

All of this is possible in larger senior living neighborhoods in theory. In practice, it needs an uncommonly cohesive culture and strong staffing levels. In smaller settings, customization is the default, not the exception.

The psychological safety of being known

When older grownups move into assisted living, they lose a lot at the same time: home, neighbors, regimens, even control over small things like what brand of coffee they consume. A small neighborhood can not get rid of that loss, but it can soften the psychological impact.



Residents tend to form much deeper relationships more quickly in smaller groups. It is easier to keep in mind names when there are fifteen instead of eighty. Mealtimes seem like a household gathering rather than a cafeteria. For individuals who tire easily or feel overwhelmed by sound, this quieter scale can be the distinction in between getting involved and pulling back to their room.

From the family's point of view, emotional safety shows up in a various way. You need to know:

Who will be with my mother when she is confused or terrified at 3 a.m.?

Who notifications if my father remains too long in the restroom or appears except breath?

Who picks up on the early indications of a urinary tract infection before it causes a hospitalization?

In a well-run small assisted living neighborhood, the answers are not abstract task titles. They specify people, with faces and histories: "That will usually be Maria or Thomas in the evening. They understand precisely how to relax her when she wakes up not sure where she is." That personal connection constructs trust that no written policy can match.

Small assisted living vs larger centers: crucial trade-offs

Small settings are not automatically better. There are genuine benefits and constraints to both small and big designs, and it helps to weigh them honestly.

Here is a straightforward comparison to ground your thinking.

1. Atmosphere and social environment

Big facilities can offer more varied activities and peer groups. Somebody who flourishes on range, delights in big group occasions, or wants on-site worship services and physical fitness classes may value a larger school. In contrast, a small assisted living neighborhood typically uses more intimate events, simpler everyday rhythms, and more spontaneous interaction, such as chatting over folding laundry or assisting water plants.

2. Staffing patterns

Bigger senior care companies may employ a larger range of specialists on-site: full-time nurses, therapists, activity directors, dietitians. Smaller homes often count on a smaller core team and outside providers, like checking out nurses or home health agencies. That stated, caregiver-to-resident ratios can be more powerful in small homes, particularly at nights and weekends, due to the fact that there are less layers of jobs and locals in each unit.

3. Flexibility and responsiveness

In a big structure, changing dining alternatives or adjusting the everyday schedule for a single person can be difficult. Systems are built for performance. Small communities are often more active. If a resident's daughter demands a weekly video call at a particular time, it is much easier for a small group to include that as a routine.

4. Cost and value

Prices vary extensively by region, but small residential care homes are often similar in rate to mid-range assisted living facilities, sometimes slightly lower, sometimes higher if they offer really high touch care. Big schools might offer tiers of rates and the marketing appeal of resort-style facilities. The crucial question is not just "What does it cost monthly?" however "Just what occurs throughout those hours, and how does that line up with my parent's top priorities and requirements?"



5. Progression of care needs

Large senior living campuses frequently advertise "aging in place," with assisted living, memory care, and in some cases skilled nursing in one area. Some small homes likewise provide memory care or very high levels of support, however not all. Families need to ask directly how the neighborhood manages worsening

movement, late-stage dementia, or end-of-life care. A thoughtful small home will be upfront about its limitations and how it supports transitions, consisting of hospice.

The ideal decision depends upon the person's character, medical intricacy, social requirements, and household scenario. An extremely social extrovert with steady health may grow in a larger setting, while somebody with stress and anxiety and early dementia might feel lost in the very same environment yet settle perfectly into a small assisted living community.

How small communities enhance medical safety

One typical concern households voice about small settings is whether their loved one will be clinically safe. They visualize a big center with a nurse's station and compare it to a relaxing home without any obvious medical infrastructure.

Regulations vary by state and country, but credible small assisted living homes operate with clear care protocols, medication management, and access to health specialists. Oftentimes, the level of everyday oversight is more powerful simply since fewer homeowners slip in between the cracks.

A couple of practical aspects stand out.

Medication management

With a restricted variety of locals, medication rounds can be more focused. Staff have time to validate whether the resident really swallowed pills, to monitor for adverse effects, or to question a new prescription that does not seem to fit the individual's history. Households are often looped in rapidly when something looks off, which can make discussions with doctors more effective.

Monitoring for changes

Small shifts in condition are frequently seen more quickly. A caregiver who assists with dressing every morning may notice a brand-new tremor, a pressure aching beginning, or confusion that was not there recently. Because the chain of interaction is much shorter, those observations are more likely to translate into action.

Fall prevention

No environment eliminates falls, however small homes often have a much better view of homeowners' real movement and danger patterns. Staff understand who tends to get up at night without calling, which path they typically take to the restroom, and how consistent they look on any provided day. They can adjust supervision or suggest a physical therapy seek advice from promptly.

Coordination with household and providers

Instead of passing messages through several layers of staff, families often speak straight to the manager or owner when issues occur. A fast call to a primary care service provider to clarify an order, or to arrange a home health assessment, is more likely to happen when the leader is hands-on and understands the resident personally.

None of this removes the requirement for households to stay engaged. But in my experience, when a small assisted living community is well handled, families become authentic partners in care instead of peripheral observers.

The role of respite care in discovering the best fit

Respite care is short-term senior care that gives family caregivers a break and supplies a [assisted living facilities in san antonio](#) trial run in a helpful environment. It can last from a few days to several weeks or more, depending upon regional guidelines and the community's policies.

Small assisted living communities can be perfect settings for respite stays, especially in these circumstances:

A partner is exhausted from full-time caregiving and requires time to recuperate physically or emotionally.

An adult child must take a trip for work or a household event and can not safely leave the older parent alone.

The family is thinking about a move to assisted living however wants to see how the parent adjusts before making a long-term commitment.

The resident is transitioning from hospital or rehab and requires more assistance than home alone however does not need a knowledgeable nursing facility.

During respite care in a small home, staff can discover the individual's patterns and choices quickly. The environment is usually simpler to browse, which lowers the tension of a brand-new setting. Families acquire a realistic understanding of how their loved one functions with regular support, instead of guessing based upon a hurried medical facility discharge plan.

I have seen scenarios where a two-week respite stay exposed that an older grownup was even more confused in the evening than family understood, or that they loved scheduled medication and meals, gaining weight and stability. In other cases, the senior returned home with services like in-home aides and fall-prevention adjustments, delaying the need for full-time assisted living. The trial assisted everyone choose based on evidence instead of fear.

What to try to find when visiting a small assisted living community

Brochures and sites seldom tell the complete story. The quality of elderly care in a small setting appears in daily habits and interactions, not marketing language. When you visit, trust both your eyes and your instincts.

Here is one focused checklist you can bring with you, as your very first permitted list:

1. Watch the body language

Notice how personnel engage with homeowners. Do they make eye contact, crouch to the resident's level, address them by name, and listen? Or do they discuss residents, rush, or appear distracted?

2. Smell and sound

A faint odor of cooking or cleaning is regular. Strong odors of urine or heavy air freshener suggest persistent issues. Listen for consistent alarms, shouting, or blaring televisions. A small home must feel silently busy, not chaotic.

3. Staffing presence

Count how many personnel you see, and ask the number of are on responsibility for the present variety of citizens, both daytime and overnight. In a group of 8 to 12 residents, seeing a minimum of 2 caregivers on duty the majority of the day is a good beginning point, though local policies vary.

4. Resident engagement

Search for signs that residents are doing something meaningful, not just being in front of a tv. Engagement can be simple, like folding towels, chatting at the cooking area table, or listening to music. The question is

whether people seem awake to their own day, not sedated by boredom.

5. Leadership accessibility

Ask who is responsible for daily operations and how often they are on-site. If you can not meet the supervisor or owner within an affordable time, or they appear withdrawn in your questions, take that seriously.

One visit hardly ever offers the complete picture. If possible, visit at various times of day, including nights or weekends, and inquire about attempting a short respite care stay before devoting long term.

Respecting individuality in the details

The strength of a small assisted living community often appears in the tiniest details. These details seem unimportant on a tour, but they shape how a person feels about life from the moment they wake up.

Wake and sleep times

In a task-driven environment, residents are often woken and dressed in batches, depending upon staff regimens. In a more tailored home, staff will adapt within reason. Some homeowners rise at 6 a.m. And desire coffee right away. Others sleep in and prefer a peaceful morning. Keeping those natural rhythms helps preserve orientation and mood.

Food as relationship

Meals are more than nutrition. They anchor the day and, for lots of older grownups, link them to culture, memory, and satisfaction. In a small senior care setting, kitchen personnel (often the same people as caregivers) can discover specific tastes, textures, and religious limitations. Serving familiar meals, even as soon as a week, can raise a resident's spirits much more than any formal activity.

Cultural and spiritual practices

In large centers, programs might reflect a "lowest typical denominator" technique. Small communities that buy comprehending each resident's background can weave easy yet effective practices into every day life: stating a particular prayer before dinner, marking specific holidays, scheduling visits from clergy or neighborhood volunteers. This type of respect is not symbolic, it goes to the heart of a person's identity.

End-of-life care

Numerous families do not want to think about this when admission is first gone over, yet it matters profoundly. In a small assisted living home that works together closely with hospice, the last months can be calmer, more personal, and often more dignified. Staff who have actually known the resident for several years can support both the passing away individual and the family with a kind of existence that is tough to standardize.

When a small neighborhood is not the ideal choice

As much as I advocate for small, relationship-based care, it is essential to acknowledge cases where a larger or more medical setting may be safer or more appropriate.

Highly intricate medical care

If somebody requires regular IV medications, ventilator assistance, or constant cardiac tracking, that normally goes beyond the scope of assisted living, small or big. A knowledgeable nursing facility or specialized unit might be essential, a minimum of for a period.

Severe behavioral challenges

Individuals with innovative dementia who exhibit aggressive, unpredictable, or sexually disinhibited behavior may put others at risk in a small home. Specialized memory care units with higher staffing levels and protected environments might be much better equipped, though quality varies widely.

Significant rehabilitation needs

After a significant stroke, surgical treatment, or fracture, a period of intensive rehab with on-site therapists may be best, particularly if the objective is to regain as much function as possible before transitioning to assisted living.

Strong preference for substantial amenities

Some older grownups truly want the features of a bigger campus: several dining venues, pools, concierge services, on-site performances. If those features truly improve their every day life and they can browse the environment safely, a larger setting may line up much better with their preferences.

The key is to match the environment to the individual, not the other method around. That needs honest conversation, not marketing promises.

Partnering with a small community for shared care

Families sometimes fear that once a parent moves into assisted living, they will be sidelined. The healthiest small neighborhoods see things differently. They see household relationships as a property, not an inconvenience.

This partnership can take lots of forms:

Regular interaction about modifications, both medical and emotional.

Involvement in care preparation, consisting of changes in regimens or preferences.

Shared problem resolving when issues develop, such as sleep disruptions, resistance to bathing, or conflict with another resident.

Openness to household rituals, such as bringing preferred foods, celebrating cultural holidays, or joining for meals.

To cultivate this collaboration, it assists to set expectations early. During initial conferences, ask the manager how they prefer to interact, how typically they upgrade families, and how they deal with disagreements. The method they react tells you a lot about the culture you are stepping into.

Final thoughts: option, self-respect, and scale

Elderly care is an intimate, typically emotionally charged territory. No single model of assisted living fits everyone. Yet size and scale shape nearly every aspect of life in senior care, from how quickly a brand-new cough is noticed to whether a resident seems like an individual or a room number.

Small assisted living neighborhoods, when run attentively and ethically, can deliver a level of customization that is difficult to match in larger settings. They provide a human-scale option, where being known and seen belongs to life, not an occasional highlight.

For households at the crossroads of decision, it helps to step back from marketing promises and ask 3 practical concerns:

Is this a location where my parent will be recognized as a specific, not handled as a task?

Can I image genuine individuals, not job titles, sitting with them on a hard day or a restless night?

Do I feel that the scale of this community makes attention, responsiveness, and compassion more likely, not less?

If your answers lean toward yes in a small setting, it is worth exploring that path, perhaps beginning with respite care. Personalized elderly care is not a slogan. In the right small assisted living neighborhood, it is the material of daily life.

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

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

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

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

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

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

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

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People Also Ask about BeeHive Homes of Crownridge Assisted Living

What is BeeHive Homes of Crownridge Assisted Living monthly room rate?

Our monthly rate depends on the level of care your loved one needs. We begin by meeting with each prospective resident and their family to ensure we're a good fit. If we believe we can meet their needs, our nurse completes a full head-to-toe assessment and develops a personalized care plan. The current monthly rate for room, meals, and basic care is \$5,900. For those needing a higher level of care, including memory support, the monthly rate is \$6,500. There are no hidden costs or surprise fees. What you see is what you pay.

Can residents stay in BeeHive Homes of Crownridge Assisted Living until the end of their life?

Usually yes. There are exceptions such as when there are safety issues with the resident or they need 24 hour skilled nursing services.

Does BeeHive Homes of Crownridge Assisted Living have a nurse on staff?

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

Normal visiting hours are from 10am to 7pm. These hours can be adjusted to accommodate the needs of our residents and their immediate families.

Do we have couple's rooms available?

At BeeHive Homes of Crownridge Assisted Living & Memory Care, all of our rooms are only licensed for single occupancy but we are able to offer adjacent rooms for couples when available. Please call to inquire about availability.

What is the State Long-term Care Ombudsman Program?

A long-term care ombudsman helps residents of a nursing facility and residents of an assisted living facility resolve complaints. Help provided by an ombudsman is confidential and free of charge. To speak with an ombudsman, a person may call the local Area Agency on Aging of Bexar County at 1-210-362-5236 or Statewide at the toll-free number 1-800-252-2412. You can also visit online at https://apps.hhs.texas.gov/news_info/ombudsman.

Are all residents from San Antonio?

BeeHive Homes of Crownridge Assisted Living & Memory Care provides options for aging seniors and peace of mind for their families in the San Antonio area and its neighboring cities and towns. Our senior care home is located in the beautiful Texas Hill Country community of Crownridge in Northwest San Antonio, offering caring, comfortable and convenient assisted living solutions for the area. Residents come from a variety of locales in and around San Antonio, including those interested in Leon Springs Assisted Living, Fair Oaks Ranch Assisted Living,

Helotes Assisted Living, Shavano Park Assisted Living, The Dominion Assisted Living, Boerne Assisted Living, and Stone Oaks Assisted Living.

Where is BeeHive Homes of Crownridge Assisted Living & Memory Care located?

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

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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](#).