

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 begin looking for elderly care on a calm afternoon with plenty of time. More frequently, it begins after a late night phone call, a fall, a health center discharge, or the sluggish awareness that a spouse or adult kid just can not keep up with growing care needs. In those moments, the senior care landscape can feel like a labyrinth of lingo and glossy brochures.

One of the most crucial distinctions, and one that often gets overlooked, is the distinction in between big institutional facilities and small assisted living communities. The size of a setting shapes almost every aspect of daily life for an older grownup, from how rapidly staff see a change in cravings, to whether somebody sits alone at breakfast, to how confidently you sleep at night understanding your parent is safe.

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

This article looks carefully at why size matters in assisted living, how small communities function when they are done well, and what practical indications families can look for when evaluating options, including respite care stays.

What "small" assisted living truly suggests in practice

The expression "small assisted living" covers a range of designs. At one end are residential care homes, sometimes called board-and-care homes or adult family homes, which typically serve 4 to 12 locals in a single home. At the other end are shop assisted living neighborhoods with 20 to 40 residents, created deliberately to remain well listed below the hundred-plus residents found in lots of senior living campuses.

Regardless of licensing category, small communities share a few common features:

They run on a human scale. Personnel can typically name every resident without looking at a chart. When the nurse walks into the living room, she acknowledges who prefers herbal tea, who avoids dairy, and who fights with sundowning in the late afternoon.

They blur the line between "center" and "home." Residents typically 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 dignity and comfort.

They run leaner hierarchies. Instead of layers of supervisors, small homes frequently have a manager or owner who is present and hands-on. Choices about care changes, activities, or menu modifications can be made rapidly, with far less bureaucracy.

They rely heavily on culture and relationships. A small community can not conceal poor care behind a big activities calendar or an elegant lobby. Families see the very same faces on each visit, and it ends up being really clear whether there is warmth, persistence, and consistent follow-through.

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

Why personalization matters so much in elderly care

Personalized care is not a luxury add-on in senior care. It is central to health, safety, and lifestyle, especially when someone copes with several persistent conditions, moderate cognitive impairment, or early dementia.

Older adults seldom fit neatly into checklists. One resident might have congestive heart failure and diabetes but still be a devoted garden enthusiast who wakes up early. Another may be physically robust but anxious, with a history of depression and a strong choice for privacy. A third may have restricted English, high fall threat, and strong cultural or spiritual regimens that specify the rhythm of the day.

Standardized "care plans" can look excellent on paper yet stop working in real life if they are not continuously changed in response to the resident's day-to-day patterns. This is where smaller assisted living environments tend to excel:

Staff notification subtle modifications. When caregivers see the exact same 8 to 20 locals every day, they acknowledge what is typical for each person. A partial breakfast, a missed joke, or a shorter-than-usual walk might set off a peaceful check-in that avoids a larger problem.

The environment adjusts to the person, not the other method around. For example, I once worked with a small neighborhood where one resident, a retired baker, tended to wander in the evening. Rather of merely medicating or limiting him, personnel created a safe, low-stimulation "late night kitchen" ritual where he might knead dough with supervision and then settle more quickly. It fit his lifelong routine and dramatically reduced agitation.

Preferences bring weight. Whether someone eats with adaptive utensils, showers at a specific time, or takes part in spiritual rituals, those preferences end up being a normal part of the day, not "unique requests."

All of this is possible in bigger 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 once: home, neighbors, regimens, even control over small things like what brand name of coffee they consume. A small neighborhood can not remove that loss,

however it can soften the emotional impact.

Residents tend to form deeper relationships faster in smaller groups. It is easier to keep in mind names when there are fifteen instead of eighty. Mealtimes feel like a family event rather than a snack bar. For individuals who tire quickly or feel overwhelmed by sound, this quieter scale can be the distinction between participating and pulling away to their room.

From the family's viewpoint, psychological security appears in a various method. You wish to know:

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

Who notifications if my father sticks around too long in the restroom or seems short of breath?

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

In a well-run small assisted living neighborhood, the answers are not abstract job titles. They specify people, with faces and histories: "That will normally be Maria or Thomas at night. They understand exactly how to calm her when she wakes up not sure where she is." That individual connection builds trust that no written policy can match.

Small assisted living vs bigger facilities: important trade-offs

Small settings are not automatically much better. There are real advantages and constraints to both small and big designs, and it assists to weigh them honestly.

Here is a straightforward contrast to ground your thinking.

1. Atmosphere and social environment

Large facilities can provide more varied activities and peer groups. Somebody who thrives on range, enjoys big group events, or desires on-site praise services and fitness classes may appreciate a bigger school. On the other hand, a small assisted living neighborhood normally uses more intimate gatherings, simpler day-to-day rhythms, and more spontaneous interaction, such as talking over folding laundry or helping water plants.

2. Staffing patterns

Bigger senior care organizations may employ a broader range of experts on-site: full-time nurses, therapists, activity directors, dietitians. Smaller homes frequently depend on a smaller core group and outside suppliers, like going to nurses or home health firms. That stated, caregiver-to-resident ratios can be stronger in small homes, particularly at nights and weekends, due to the fact that there are fewer layers of jobs and residents in each unit.

3. Flexibility and responsiveness

In a big building, altering dining choices or adjusting the day-to-day schedule for a single person can be difficult. Systems are constructed for effectiveness. Small communities are typically more nimble. If a resident's child requests a weekly video call at a particular time, it is simpler for a small group to incorporate that as a routine.

4. Cost and value

Costs differ extensively by region, but small residential care homes are often comparable in price to mid-range assisted living facilities, sometimes slightly lower, in some cases greater if they offer really high touch care. Large campuses may offer tiers of prices and the marketing appeal of resort-style amenities. The key

concern is not just "What does it cost monthly?" however "What exactly takes place during those hours, and how does that line up with my parent's top priorities and requirements?"

5. Progression of care needs

Big senior living campuses frequently promote "aging in location," with assisted living, memory care, and often knowledgeable nursing in one location. Some small homes likewise offer memory care or extremely high levels of assistance, however not all. Households should ask straight how the neighborhood handles aggravating mobility, late-stage dementia, or end-of-life care. A thoughtful small home will be upfront about its limitations and how it supports shifts, consisting of hospice.

The ideal decision depends on the person's personality, medical complexity, social needs, and family circumstance. A highly social extrovert with stable health may grow in a bigger setting, while someone with anxiety and early dementia may feel lost in the same environment yet settle beautifully into a small assisted living community.

How small communities reinforce clinical safety

One common issue 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 clinical infrastructure.

Regulations differ by state and country, but reliable small assisted living homes run with clear care protocols, medication management, and access to health specialists. In most cases, the level of day-to-day oversight is more powerful simply due to the fact that fewer residents slip in between the cracks.

A few practical aspects stand out.

Medication management

With a minimal variety of citizens, medication rounds can be more focused. Staff have time to validate whether the resident really swallowed pills, to keep an eye on for side effects, or to question a new prescription that does not appear to fit the individual's history. Families are often looped in quickly when something looks off, which can make discussions with physicians more effective.

Monitoring for changes

Small shifts in condition are frequently noticed quicker. A caregiver who helps with dressing every morning might notice a new tremor, a pressure sore beginning, or confusion that was not there last week. Due to the fact that the chain of interaction is much shorter, those observations are more likely to translate into action.

Fall prevention

No environment removes falls, however small homes often have a much better view of citizens' genuine movement and danger patterns. Staff understand who tends to get up during the night without calling, which route they usually require to the bathroom, and how stable they look on any provided day. They can adjust supervision or recommend a physical therapy consult promptly.

Coordination with family and providers

Rather of passing messages through numerous layers of personnel, households often speak directly to the supervisor or owner when concerns emerge. A fast call to a primary care service provider to clarify an order, or to set up a home health evaluation, is more likely to occur when the leader is hands-on and understands the resident personally.

None of this gets rid of the need for families to stay engaged. However in my experience, when a small assisted living neighborhood is well handled, families end up being authentic partners in care instead of peripheral observers.

The function of respite care in finding the best fit

Respite care is short-term senior care that gives family caregivers a break and provides a trial run in an encouraging environment. It can last from a few days to several weeks or more, depending upon local guidelines and the community's policies.

Small assisted living neighborhoods can be ideal settings for respite stays, particularly in these circumstances:

A spouse is exhausted from full-time caregiving and requires time to recover physically or emotionally.

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

The family is thinking about a relocate 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 needs more support than home alone but does not need a knowledgeable nursing facility.



During respite care in a small home, personnel can discover the person's patterns and preferences quickly. The environment is typically much easier to browse, which decreases the stress of a brand-new setting. Households get a reasonable understanding of how their loved one functions with regular assistance, instead of thinking based on a rushed medical facility discharge plan.

I have actually seen scenarios where a two-week respite stay exposed that an older adult was far more puzzled in the evening than household recognized, or that they loved scheduled medication and meals, gaining weight and stability. In other cases, the senior returned home with services like in-home assistants and fall-prevention adjustments, delaying the need for full-time assisted living. The trial helped everybody make choices based on evidence instead of fear.

What to search for when visiting a small assisted living community

Brochures and sites rarely tell the complete story. The quality of elderly care in a small setting appears in day-to-day routines and interactions, not marketing language. When you visit, trust both your eyes and your instincts.

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

1. Watch the body language

Notification how personnel connect with homeowners. Do they make eye contact, crouch to the resident's level, resolve them by name, and listen? Or do they talk over citizens, rush, or appear distracted?

2. Smell and sound

A faint odor of cooking or cleansing is regular. Strong odors of urine or heavy air freshener suggest chronic issues. Listen for consistent alarms, yelling, or roaring tvs. A small home must feel silently hectic, not chaotic.

3. Staffing presence

Count the number of staff you see, and ask the number of are on duty for the current variety of locals, both daytime and overnight. In a group of 8 to 12 citizens, seeing at least 2 caretakers on task most of the day is a good starting point, though regional policies vary.

4. Resident engagement

Try to find indications that homeowners are doing something meaningful, not simply sitting in front of a television. Engagement can be easy, like folding towels, talking at the kitchen area table, or listening to music. The question is whether individuals appear awake to their own day, not sedated by boredom.

5. Leadership accessibility

Ask who is accountable for everyday operations and how frequently they are on-site. If you can not fulfill the supervisor or owner within an affordable time, or they seem withdrawn in your concerns, take that seriously.



One visit rarely provides the complete photo. If possible, visit at various times of day, including nights or weekends, and ask about trying a short respite care stay before dedicating long term.

Respecting individuality in the details

The strength of a small assisted living neighborhood frequently shows up in the tiniest information. These information seem trivial on a tour, but they form how a person feels about life from the minute they wake up.

Wake and sleep times

In a task-driven environment, residents are frequently woken and worn batches, depending upon staff regimens. In a more individualized home, personnel will adjust within factor. Some citizens increase at 6 a.m. And want coffee right now. Others oversleep and prefer a quiet morning. Keeping those natural rhythms helps keep orientation and mood.

Food as relationship

Meals are more than nutrition. They anchor the day and, for lots of older grownups, connect them to culture, memory, and pleasure. In a small senior care setting, cooking area personnel (typically the exact same people as caretakers) can learn private tastes, textures, and religious limitations. Serving familiar meals, even when a week, can raise a resident's spirits far more than any formal activity.

Cultural and spiritual practices

In large centers, programs might show a "lowest typical denominator" technique. Small neighborhoods that buy comprehending each resident's background can weave simple yet powerful practices into life: saying a specific prayer before supper, marking particular holidays, scheduling visits from clergy or neighborhood volunteers. This type of regard is not symbolic, it goes to the heart of a person's identity.

End-of-life care

Numerous families do not want to consider this when admission is very first discussed, yet it matters tremendously. In a small assisted living home that teams up carefully with hospice, the last months can be calmer, more individual, and often more dignified. Staff who have understood the resident for years can support both the passing away person and the household with a type of presence that is challenging to standardize.

When a small neighborhood is not the right choice

As much as I advocate for small, relationship-based care, it is important to recognize cases where a bigger or more medical setting might be safer or more appropriate.

Highly complicated medical care

If someone needs frequent IV medications, ventilator support, or constant heart monitoring, that generally exceeds the scope of assisted living, small or big. An experienced nursing center or specialized unit might be needed, a minimum of for a period.

Severe behavioral challenges

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

Significant rehabilitation needs

After a significant stroke, surgery, or fracture, a period of intensive rehabilitation with on-site therapists may be best, especially if the goal is to gain back as much function as possible before transitioning to assisted living.

Strong choice for substantial amenities

Some older adults really desire the features of a bigger school: numerous dining locations, pools, concierge services, on-site concerts. If those features truly boost their life and they can navigate the environment securely, a bigger setting may align much better with their preferences.

The key is to match the environment [assisted living in san antonio texas](#) to the individual, not the other way around. That requires sincere conversation, not marketing promises.

Partnering with a small neighborhood for shared care

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

This collaboration can take lots of forms:

Regular interaction about changes, both medical and emotional.

Involvement in care preparation, consisting of adjustments in routines or preferences.

Shared issue resolving when concerns arise, such as sleep disruptions, resistance to bathing, or dispute with another resident.

Openness to family routines, such as bringing preferred foods, commemorating cultural holidays, or signing up with for meals.

To cultivate this partnership, it helps to set expectations early. Throughout preliminary conferences, ask the manager how they choose to communicate, how typically they update families, and how they deal with disagreements. The method they react informs you a good deal about the culture you are stepping into.

Final thoughts: choice, self-respect, and scale

Elderly care is an intimate, frequently mentally charged territory. No single model of assisted living fits every person. Yet size and scale shape nearly every element of life in senior care, from how quickly a new cough is noticed to whether a resident feels like an individual or a room number.

Small assisted living communities, when run attentively and morally, can deliver a level of customization that is tough to match in larger settings. They offer a human-scale option, where being known and seen belongs to life, not a periodic highlight.

For families at the crossroads of decision, it helps to go back from marketing pledges and ask three practical questions:

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

Can I photo genuine individuals, not task titles, sitting with them on a hard day or an uneasy night?

Do I feel that the scale of this neighborhood makes attention, responsiveness, and empathy most likely, not less?



If your answers lean toward yes in a small setting, it is worth checking out that course, perhaps starting with respite care. Customized elderly care is not a motto. In the right small assisted living neighborhood, it is the fabric of everyday 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

BeeHive Homes of Crownridge Assisted Living supports seniors seeking independence

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

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

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

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

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

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

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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

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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Yes. Our nurse is on-site as often as is needed and is available 24/7.

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