

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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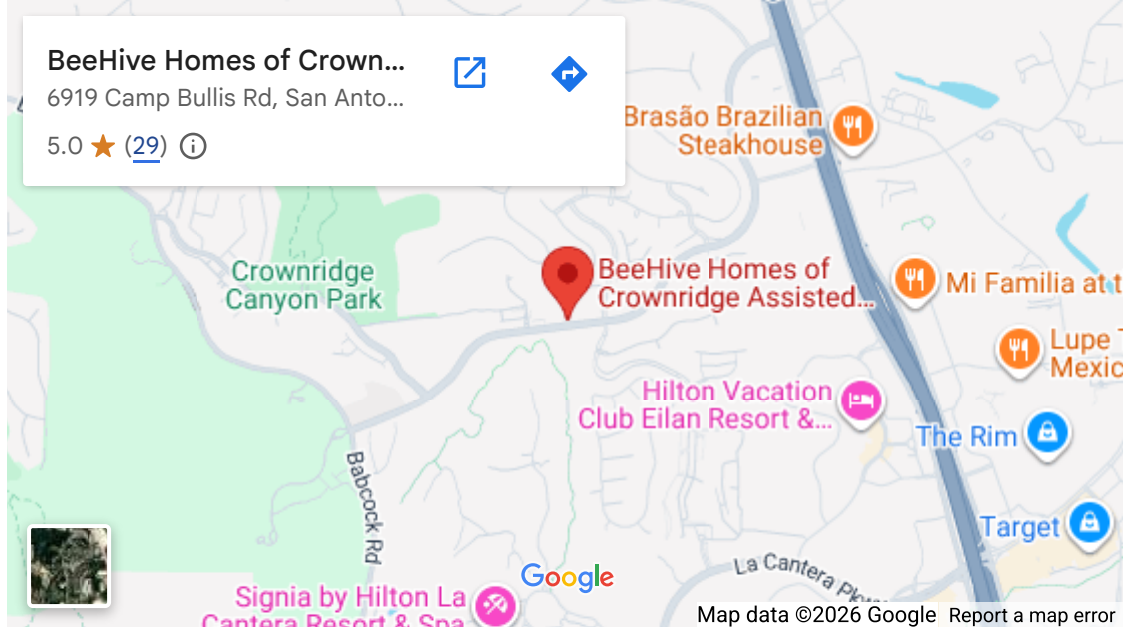
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Families rarely start searching for elderly care on a calm afternoon with lots of time. Regularly, it starts after a late night telephone call, a fall, a hospital discharge, or the sluggish realization that a spouse or adult kid simply can not stay up to date with growing care requirements. In those moments, the senior care landscape can seem like a labyrinth of jargon and glossy brochures.

One of the most important differences, and one that typically gets ignored, is the difference in between large institutional centers and small assisted living neighborhoods. The size of a setting shapes nearly every aspect of every day life for an older adult, from how rapidly personnel see a change in hunger, to whether someone sits alone at breakfast, to how confidently you sleep in the evening understanding your parent is safe.

Over the last 15 years dealing with households and care groups, I have actually seen again and again how small, relationship-based neighborhoods can transform elderly care. They are not an ideal suitable for every person, however they often deliver a level of customization that larger environments battle to match.



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

What "small" assisted living actually means in practice

The phrase "small assisted living" covers a series of models. At one end are residential care homes, in some cases called board-and-care homes or adult family homes, which typically serve 4 to 12 locals in a single house. At the other end are store assisted living neighborhoods with 20 to 40 homeowners, designed deliberately to remain well listed below the hundred-plus citizens discovered in many senior living campuses.

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

They run on a human scale. Staff can usually call every resident without taking a look at a chart. When the nurse strolls into the living room, she acknowledges who prefers herbal tea, who prevents dairy, and who battles with sundowning in the late afternoon.

They blur the line in between "center" and "home." Homeowners typically share common areas such as a family-style dining-room, a small garden, and a living room with real furnishings, not rows of identical chairs. The environment intends to support both dignity and comfort.

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

They rely heavily on culture and relationships. A small neighborhood can not hide poor care behind a big activities calendar or a fancy lobby. Households see the very same faces on each visit, and it becomes extremely clear whether there is heat, persistence, and constant follow-through.



This scale shifts the focus of assisted living away 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, particularly when someone copes with multiple persistent conditions, moderate cognitive impairment, or early dementia.

Older adults rarely fit neatly into lists. One resident may have congestive heart failure and diabetes but still be a devoted gardener who awakens early. Another may be physically robust however nervous, with a history of anxiety and a strong choice for privacy. A third might have limited English, high fall threat, and strong cultural or religious regimens that define the rhythm of the day.

Standardized "care plans" can look good on paper yet fail in reality if they are not continuously adjusted in reaction to the resident's day-to-day patterns. This is where smaller assisted living environments tend to stand out:



Staff notice subtle changes. When caretakers see the very same 8 to 20 residents every day, they acknowledge what is common for each person. A partial breakfast, a missed out on joke, or a shorter-than-usual walk might trigger a quiet check-in that prevents a larger problem.

The environment gets used to the individual, not the other method around. For instance, I once worked with a small community where one resident, a retired baker, tended to wander during the night. Rather of merely medicating or limiting him, staff created a safe, low-stimulation "late night kitchen area" ritual where he could

knead dough with supervision and after that settle more quickly. It fit his lifelong routine and significantly decreased agitation.

Preferences bring weight. Whether someone consumes with adaptive utensils, showers at a particular time, or takes part in spiritual routines, those preferences become a typical part of the day, not "special requests."

All of this is possible in bigger senior living communities in theory. In practice, it needs an abnormally cohesive culture and strong staffing levels. In smaller settings, personalization is the default, not the exception.

The psychological security of being known

When older adults move into assisted living, they lose a lot at once: home, next-door neighbors, regimens, even manage over small things like what brand name of coffee they consume. A small community can not eliminate that loss, but it can soften the emotional impact.

Residents tend to form deeper relationships faster in smaller groups. It is simpler to bear in mind names when there are fifteen instead of eighty. Mealtimes seem like a family gathering instead of a lunchroom. For people who tire easily or feel overwhelmed by noise, this quieter scale can be the difference in between taking part and retreating to their room.

From the family's point of view, emotional security shows up in a various method. You wish to know:

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

Who notices if my father lingers too long in the restroom or seems except breath?

Who detects the early indications of a urinary system infection before it results in a hospitalization?

In a well-run small assisted living neighborhood, the responses are not abstract job titles. They specify people, with faces and histories: "That will typically be Maria or Thomas in the evening. They understand exactly how to soothe her when she gets up unsure 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 instantly better. There are real benefits and restrictions to both small and big designs, and it helps to weigh them honestly.

Here is an uncomplicated comparison to ground your thinking.

1. Atmosphere and social environment

Large centers can use more varied activities and peer groups. Someone who thrives on range, delights in big group occasions, or desires on-site worship services and fitness classes may value a larger school. On the other hand, a small assisted living community typically offers more intimate gatherings, easier daily rhythms, and more spontaneous interaction, such as talking over folding laundry or assisting water plants.

2. Staffing patterns

Larger senior care companies may use a larger variety of experts on-site: full-time nurses, therapists, activity directors, dietitians. Smaller homes typically depend on a smaller core team and outdoors providers, like checking out nurses or home health agencies. That said, caregiver-to-resident ratios can be more powerful in small homes, especially at nights and weekends, due to the fact that there are fewer layers of tasks and homeowners in each unit.

3. Flexibility and responsiveness

In a large building, changing dining alternatives or adjusting the daily schedule for a single person can be hard. Systems are developed for effectiveness. Small neighborhoods are frequently more nimble. If a resident's child requests a weekly video call at a particular time, it is much easier for a small group to integrate that as a routine.

4. Cost and value

Rates differ widely by area, but small residential care homes are often equivalent in rate to mid-range assisted living facilities, often a little lower, sometimes greater if they provide extremely high touch care. Large campuses might use tiers of pricing and the marketing appeal of resort-style amenities. The key concern is not simply "What does it cost monthly?" however "Just what happens throughout those hours, and how does that line up with my parent's top priorities and needs?"

5. Progression of care needs

Large senior living campuses frequently promote "aging in place," with assisted living, memory care, and often skilled nursing in one location. Some small homes also offer memory care or extremely high levels of support, however not all. Households need to ask straight how the community handles worsening mobility, late-stage dementia, or end-of-life care. A thoughtful small home will be in advance about its limits and how it supports transitions, including hospice.

The best decision depends upon the person's character, medical complexity, social requirements, and household circumstance. An extremely social extrovert with stable health might flourish in a larger setting, while somebody with stress and anxiety and early dementia [beehivehomes.com](https://www.beehivehomes.com) [respite care](#) might feel lost in the very same environment yet settle wonderfully into a small assisted living community.

How small communities reinforce scientific safety

One common concern families voice about small settings is whether their loved one will be clinically safe. They visualize a huge center with a nurse's station and compare it to a cozy home without any obvious clinical infrastructure.

Regulations differ by state and country, however reputable small assisted living homes run with clear care procedures, medication management, and access to health specialists. In most cases, the level of day-to-day oversight is more powerful merely because less residents slip in between the cracks.

A few practical elements stand out.

Medication management

With a restricted number of residents, medication rounds can be more focused. Personnel have time to confirm whether the resident actually swallowed pills, to keep track of for adverse effects, or to question a new prescription that does not appear to fit the individual's history. Families are frequently looped in rapidly when something looks off, which can make discussions with physicians more effective.

Monitoring for changes

Small shifts in condition are often observed more quickly. A caretaker who assists with dressing every early morning might discover a brand-new trembling, a pressure aching starting, or confusion that was not there last week. Since the chain of communication is shorter, those observations are more likely to translate into action.

Fall prevention

No environment gets rid of falls, however small homes frequently have a much better view of homeowners' genuine movement and threat patterns. Staff know who tends to get up in the evening without calling, which route they generally take to the restroom, and how stable they look on any provided day. They can change guidance or recommend a physical treatment seek advice from promptly.

Coordination with family and providers

Instead of passing messages through numerous layers of personnel, households typically speak straight to the manager or owner when issues arise. A fast call to a primary care service provider to clarify an order, or to set up a home health examination, is most likely to occur when the leader is hands-on and knows the resident personally.

None of this gets rid of the need for households to stay engaged. But in my experience, when a small assisted living neighborhood is well managed, 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 provides family caregivers a break and offers a trial run in a helpful environment. It can last from a couple of days to several weeks or more, depending upon regional guidelines and the community's policies.

Small assisted living neighborhoods can be ideal settings for respite stays, especially in these scenarios:

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

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

The family is thinking about a move to assisted living but wishes to see how the parent adjusts before making a long-lasting commitment.

The resident is transitioning from healthcare facility or rehabilitation and requires more assistance than home alone but does not need an experienced nursing facility.

During respite care in a small home, staff can learn the person's patterns and choices rapidly. The environment is generally simpler to navigate, which decreases the tension of a new setting. Families acquire a sensible understanding of how their loved one functions with routine assistance, rather than guessing based on a hurried healthcare facility discharge plan.

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

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

Brochures and websites seldom inform the complete story. The quality of elderly care in a small setting shows up in everyday practices 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 first permitted list:

1. Watch the body language

Notification how staff interact 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 cleaning is normal. Strong odors of urine or heavy air freshener recommend persistent problems. Listen for consistent alarms, shouting, or blasting televisions. A small home ought to feel quietly busy, not chaotic.

3. Staffing presence

Count the number of personnel you see, and ask how many are on task for the existing variety of homeowners, both daytime and overnight. In a group of 8 to 12 locals, seeing at least two caregivers on responsibility most of the day is a great beginning point, though regional policies vary.

4. Resident engagement

Look for indications that residents are doing something meaningful, not just being in front of a tv. Engagement can be easy, like folding towels, talking at the kitchen area table, or listening to music. The concern is whether people seem awake to their own day, not sedated by boredom.

5. Leadership accessibility

Ask who is accountable for day-to-day operations and how frequently they are on-site. If you can not meet the manager or owner within a sensible time, or they seem unenthusiastic in your concerns, take that seriously.

One visit hardly ever provides the complete photo. If possible, visit at various times of day, consisting of nights or weekends, and ask about trying a brief respite care stay before committing long term.

Respecting individuality in the details

The strength of a small assisted living neighborhood typically shows up in the smallest details. These details appear unimportant on a tour, however they shape how an individual feels about life from the moment they wake up.

Wake and sleep times

In a task-driven environment, citizens are typically woken and dressed in batches, depending on staff routines. In a more customized home, staff will adjust within factor. Some locals increase at 6 a.m. And want coffee right now. Others oversleep and choose 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 adults, connect them to culture, memory, and satisfaction. In a small senior care setting, kitchen area personnel (often the same people as caregivers) can find out individual tastes, textures, and religious constraints. Serving familiar meals, even once a week, can lift a resident's spirits even more than any official activity.

Cultural and spiritual practices

In big centers, programs might show a "most affordable common denominator" approach. Small communities that purchase understanding each resident's background can weave basic yet effective practices into life: stating

a specific prayer before dinner, marking specific vacations, scheduling visits from clergy or community volunteers. This sort of respect is not symbolic, it goes to the heart of an individual's identity.

End-of-life care

Numerous families do not want to think about this when admission is very first talked about, yet it matters exceptionally. In a small assisted living home that collaborates closely with hospice, the last months can be calmer, more individual, and often more dignified. Personnel who have understood the resident for many years can support both the dying individual and the family with a kind of presence that is difficult to standardize.

When a small community is not the best choice

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

Highly intricate medical care

If somebody needs frequent IV medications, ventilator support, or constant heart tracking, that typically goes beyond the scope of assisted living, small or large. A proficient nursing center or specialized unit might be necessary, a minimum of for a period.

Severe behavioral challenges

Individuals with advanced dementia who display aggressive, unpredictable, or sexually disinhibited habits might put others at danger in a small home. Specialized memory care systems with greater staffing levels and safe and secure environments might be better equipped, though quality varies widely.

Significant rehab needs

After a major stroke, surgery, or fracture, a period of intensive rehab with on-site therapists might be best, especially if the objective is to regain as much function as possible before transitioning to assisted living.

Strong preference for comprehensive amenities

Some older adults truly desire the facilities of a bigger campus: multiple dining places, swimming pools, concierge services, on-site performances. If those functions truly boost their daily life and they can browse the environment securely, a larger setting may align much better with their preferences.

The secret is to match the environment to the person, not the other way around. That requires truthful discussion, not marketing promises.

Partnering with a small neighborhood for shared care

Families in some cases fear that when a parent moves into assisted living, they will be sidelined. The healthiest small neighborhoods see things in a different way. They see household relationships as an asset, not an inconvenience.

This collaboration can take lots of kinds:

Regular communication about changes, both medical and emotional.

Involvement in care planning, including changes in regimens or preferences.

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

Openness to family rituals, such as bringing preferred foods, celebrating cultural vacations, or signing up with for meals.

To cultivate this partnership, it helps to set expectations early. Throughout initial meetings, ask the supervisor how they prefer to interact, how frequently they upgrade households, and how they manage disagreements. The method they respond tells you a great deal about the culture you are stepping into.

Final ideas: option, dignity, and scale

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

Small assisted living neighborhoods, when run thoughtfully and ethically, can provide a level of personalization that is tough to match in larger settings. They offer a human-scale alternative, where being known and seen becomes part of daily life, not a periodic highlight.

For households at the crossroads of choice, it helps to step back from marketing guarantees and ask 3 useful concerns:

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

Can I photo real individuals, not job titles, sitting with them on a difficult day or an uneasy night?

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

If your answers lean towards yes in a small setting, it deserves exploring that path, possibly beginning with respite care. Customized elderly care is not a motto. In the ideal small assisted living community, 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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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.

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

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Take a scenic drive to [Historic Market Square El Mercado](#) only about 29 minutes away from our BeeHive Homes of Crownridge Assisted Living & Memory Care