

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 often arrive at the decision to seek dementia care after a string of sleep deprived nights, duplicated falls, medication mix-ups, or one close call that shakes everybody awake. I have strolled households through this choice in hospital conference rooms, at kitchen area tables, and on curbs outside tour consultations when emotions ran high. A good community does more than keep a loved one safe. It preserves personhood, supports the household's stamina, and adapts as requirements develop. The difficulty is discriminating between polished marketing and the daily truth behind the front door.





This guide distills what matters most when assessing dementia care, also called memory care, and how to tell the difference in between neighborhoods that talk a good game and those that provide constant, humane care. Anticipate useful details, concerns to ask, alerting indications, and the trade-offs that real households navigate.

What "dementia care" means in practice

Dementia is not one diagnosis. Alzheimer's illness represent approximately 60 to 70 percent of cases, but vascular, Lewy body, frontotemporal, Parkinson's-related, and combined dementias behave differently. A community that genuinely concentrates on dementia care comprehends these distinctions and changes care plans accordingly.

In practice, that looks like this: Personnel who know that someone with Lewy body dementia might have visual hallucinations and unpredictable alertness, that an individual with frontotemporal dementia might be more youthful with language or habits modifications however undamaged memory, which vascular dementia typically progresses stepwise. Activities shift with the terrain of each condition. Medication strategies show level of sensitivity to antipsychotics in Lewy body illness. Communication techniques change when language centers are hit. Ask neighborhoods to describe how they adjust for different dementias. The uniqueness of their examples is telling.

Memory care, as a service line within senior care, generally suggests a protected environment staffed and programmed for cognitive disability. It is various from traditional assisted living, which may provide cueing and tips, however not the structure and safety features needed for mid to later on stages. Some continuing care retirement communities house memory care within a wider school, which can be ideal for couples with various care requirements. Respite care is short-term assistance within these settings, frequently for a week to a month, and can function as a test drive.

The 3 things that figure out life: people, procedure, and place

Families often concentrate on design, and it is understandable. Fresh paint and a bistro look reassuring. In the very first 90 days, though, the quality of individuals, process, and place will shape your loved one's days more than any chandelier.

People means the team at the bedside. It consists of direct care staff, nurses, activity directors, dining staff, house cleaning, and management. Process ways how the neighborhood delivers care: assessments, care planning, training, communication, action to behavior, and escalation when health modifications. Place means the constructed environment: layout, lighting, noise, outdoor access, and safety design that lowers threat without making homeowners feel infantilized.

In a well-run neighborhood, these three enhance one another. A beautifully created area without consistent staffing will frustrate locals. Warm caretakers without clear processes will be reactive. Tight procedures can not overcome a complicated floor plan that sparks exits or agitation.

Staffing: ratios, stability, and skill

Families ask about personnel ratios, and communities often give a state minimum or a rosy daytime number. The truth is more nuanced. Strong programs staff more heavily throughout peak hours and prepare for patterns. Look beyond the headline ratio and request for the distribution by shift and location. A meaningful day-to-evening ratio in lots of neighborhoods is someplace around one care partner for five to seven locals throughout the day, tightening up to one for 6 to 8 in the evening. Over night support typically extends thinner, sometimes one to ten or more, which can work if residents sleep and if mobile reaction is quick. Numbers differ by state guidelines and acuity.

Long period matters more than any static ratio. If half the caretakers have actually been there under 6 months, anticipate inconsistent routines and less familiarity with locals' cues. I keep a basic metric: ask three different caregivers, not managers, how long they have actually worked there and what keeps them. Their answers expose the culture. Also demand the yearly turnover percentage for direct care staff and nurses. A figure under 35 percent is strong in this sector. If turnover tracks dramatically greater, press for causes and remedies.

Skill comes from training and training, not just orientation modules. Evidence-based techniques like the Favorable Method to Care, habilitation therapy, and music or movement treatments should show up in everyday practice, not just wall posters. Ask who trains new hires, how many hours go to dementia-specific abilities beyond general orientation, and how often refreshers occur. Monthly or a minimum of quarterly support, including scenario-based drills for behaviors and de-escalation, signals commitment.

Clinical abilities and how they escalate care

Medical requirements do not pause for amnesia. Communities differ widely in their capacity to handle typical situations: urinary system infections that present as sudden confusion, dehydration, diabetic variations, heart failure, and discomfort that appears as agitation. Facilities with part-time or full-time nurses on site are much better positioned to catch early decline. In some states, memory care operates with limited nursing hours, depending on licensure. Verify hours, on-call structures, and who can examine and act on modifications in condition.

Medication management deserves a careful appearance. Evaluation how medications are stored, who dispenses them, and what paperwork system is utilized. Electronic medication administration records reduce errors if utilized consistently. Ask how the group handles missed doses or a resident who declines medications. Gentle re-approach and timing adjustments are better than instant chemical restraints.

Behavioral health assistance separates excellent from great. A community that has relationships with geriatric psychiatrists or innovative practice providers who can seek advice from on-site or through telehealth avoids a lot of unnecessary emergency room trips. Similarly, a community that leans too rapidly on antipsychotics without nonpharmacologic interventions risks sedation and falls. What you want to hear: stepwise strategies that begin with triggers, sensory convenience, and routine, then thoughtful medication trials when needed, with close tracking and clear stop requirements if benefits do not exceed risks.

Environment that supports orientation and dignity

Many memory care units are secured, but secure should not imply stifling. I search for smaller family clusters, ideally 12 to 18 locals per area, linked to safe outdoor areas. Nature calms, and routine daytime direct exposure helps with sleep-wake cycles. Corridors that loop back on themselves reduce dead ends and lower frustration. Bathrooms noticeable from the bed decrease incontinence. Visual cues like memory boxes outside rooms and contrasting colors for floorings and handrails aid orientation.

Noise levels are worthy of attention. Overhead paging, clattering carts, and shrieking televisions raise agitation. Visit throughout mealtime, when the acoustic profile is real. Lighting must prevent glare and harsh shifts. Replace patterned carpets that can appear like holes to people with depth understanding changes. I once saw a resident's falls drop simply since a community switched a dark limit strip for a lighter one.



Safety functions should be woven into the style so they do not feel punitive. Doorways can be camouflaged with murals, or exits can lead very first to a secured garden rather than a street. Wander management systems that utilize discreet wearables are better accepted than loud alarms. The best neighborhoods integrate in purposeful wayfinding so homeowners can walk without feeling trapped.

Routines, significant engagement, and the ideal sort of activity

Activities are not filler between meals. They are therapy when succeeded. Look for programs that follow the rhythm of the day and match cognitive and physical abilities. Morning often matches motion, light workout, or strolling groups to set tone and hunger. Late morning can hold little group work like baking, folding, or music that ties to long-term memory. Afternoons can be quieter: tactile stations, individually visits, hand massages, or spiritual care. Evenings must emphasize winding down to prevent sundowning spikes.

Numbers alone do not inform the story. A calendar loaded with 10 activities a day may merely be copy and paste. View a session. Are homeowners engaged, not simply parked in a circle? Do staff adjust when somebody is distressed or bored? Is language adult and respectful? A favorite minute of mine was available in a kitchen area group where citizens prepared strawberries for shortcake. One gentleman who seldom joined anything sliced with deep focus, then narrated about picking berries with his granny. The activity director had selected something with strong sensory cues, built in success, and left room for memory.

Nutrition and dining that protects choice

With dementia, cravings is susceptible to change. Familiarity, color contrast on plates, and finger foods can assist. Excellent dining programs plan for smaller sized, more frequent meals when required. They adjust textures for safe swallowing without removing pleasure. Family style, where possible, improves intake and social engagement. If you tour, ask to sample a meal. Taste it. View how personnel cue and assistance without rushing. Look at hydration practices throughout the day, not just at meals. A cart with flavored waters, soups, and teas moving twice daily can reduce urinary infections and hospitalizations.

Weight patterns are unbiased. Ask how the community tracks and responds to weight loss. A reasonable expectation is monthly weights, with an alert threshold like 5 percent loss in one month or ten percent in six months triggering a strategy that is recorded and shown you.

Cost, agreements, and what takes place as needs rise

Financial openness sets expectations and prevents heartbreak. Prices frequently appears in 2 kinds. Some communities use tiered care levels, where base lease covers housing and amenities, and care is priced in bands based upon an assessment. Others use a point system with itemized services. Either way, ask how typically reassessments take place, who activates them, and how much notification you receive before a fee increase. Preliminary quotes that look low can increase steeply by month 3 if the assessment was positive or if the move unmasked requirements that family had been covering at home.

Medication management, incontinence supplies, one-to-one assistance throughout habits, and transportation to visits typically carry extra costs. Nail care may be limited by policies for diabetics and routed to a podiatrist with different [assisted living facilities in san antonio tx](#) charges. Ask to see a sample regular monthly billing with all normal add-ons so you can model finest and most likely scenarios.

Also understand the move-out requirements. Some memory care settings can not manage two-person transfers, feeding tubes, or complex wound care. Others can with hospice assistance. A community that lays out clear borders and a plan for end-of-life care assists you avoid late-stage dislocation. There is no shame in limits. The issue is surprise. If your loved one has a progressive condition with recognized issues, such as Lewy body dementia with parkinsonism, ask how the team adapts when walking decreases or swallowing weakens.

Licensing, quality signals, and what regulators do not show

Licensing requirements differ by state, and memory care may be an unique classification within assisted living or a different license. Pull the most current state study reports. Do not be alarmed by any citation. Take a look at patterns and reaction time. Repetitive medication mistakes, warm water temperature level offenses, elopements, or infection control failures are worthy of examination. Ask the administrator to walk you through restorative actions taken. The clarity and humility of that conversation will inform you whether you are hearing a script or a leader who owns the work.

Quality likewise displays in the mundane. Are products stocked or continuously short? Do gloves and wipes sit within reach in resident spaces, or do staff need to hunt? Are care plans noticeable to those who require them, with existing preferences kept in mind, or are they hidden in binders nobody opens? Does the group utilize an everyday huddle to anticipate who requires additional support based upon last night's notes?

Family councils are another barometer. An operating council that meets routinely, shares minutes, and has management present however not dominating the agenda associates with more responsive programs. If there is no council, ask if the neighborhood will assist form one.

Using respite care and trial stays to your advantage

Respite care, a short-term supplied stay, is not simply a break for household. It is an essential roadway test. A one to four week respite in a memory care setting can expose how your loved one reacts to routines, dining, and the environment. Focus on sleep during respite, not simply daytime smiles. If nights enhance, you have a win that anticipates sustainability for caretakers. If distress spikes despite experienced assistance, you have important information to adjust the plan or consider alternative settings.

Coordinate respite throughout a fairly steady period rather than in the instant after-effects of a hospitalization. Bring familiar clothing, bedding, and a couple of significant objects. Provide a short bio, including work history, member of the family, pastimes, likes and dislikes, and any non-negotiables that bring convenience or trigger distress. A one-page profile with an image can alter how the team greets and engages your loved one on day one.

Questions that sort marketing from mastery

Use pointed, respectful concerns. Request stories, not mottos. Proficient groups will address with specifics instead of drift to generic reassurances.

- Tell me about a recent resident who arrived with frequent agitation. What non-drug techniques did you attempt initially, what worked, and how did you know?
- How do you support residents with Lewy body dementia who have distressing hallucinations without extremely sedating them?
- What is your day, evening, and over night staffing on this unit, by role, and where do those personnel physically invest their time?
- When did you last carry out a full evacuation or fire drill on this floor, and what did you discover and change as a result?
- How do you include family in care preparation, and what is your procedure for communicating modifications in condition or fees?

Red flags that indicate future trouble

No neighborhood is ideal, however recurring patterns predict danger. A couple of stick out in practice.

- You tour at 3 p.m. And see locals slumped in wheelchairs facing a television, with one activity posted on the calendar that is not happening.
- The nurse can not access the electronic medication record during your visit or postpones every clinical question to a manager who is off-site.
- Doors are greatly alarmed without alternative safe exits or outdoor space, and staff prevent walking due to the fact that it is "risky," even for steady walkers.
- Leadership prevents offering specific turnover information or rationalizes citations without describing restorative steps.
- Every concern about behavior refers initially to "as required" medications, with couple of examples of sensory, regular, or ecological adjustments.

Planning the visit: what to observe on-site

Arrive 10 minutes early and wait in the lobby to watch interactions. Linger in corridors. Enter the dining-room during a meal and ask to see a private room and a shared space, even if you prepare to spend for private. Odor matters. Periodic smells occur. A persistent smell suggests staffing or process gaps. Search for charts or discreet signage that show individualized strategies, such as a picture schedule, a soft item for relaxing, or preferred music playlists at the bedside. Check whether call lights sound for minutes without action or whether personnel respond quickly and calmly.

I bring a pocket test for management depth. If the executive director is off the floor, does the nurse or med tech with confidence describe an event report procedure? If the activity director is out ill, does somebody step in with a customized plan for the afternoon instead of canceling everything?

How to match neighborhood type to your situation

Couples where one partner needs memory care and the other remains independent gain from schools with multiple levels of senior care. Daily distance reduces guilt and protects routines like breakfast together, even if living areas vary. Solo older grownups with intricate medical conditions might do much better in smaller sized, medically focused memory care systems with strong nurse existence, particularly if hospital readmissions have been frequent. Younger-onset dementia, often under age 65, can be a poor fit in really quiet, frail populations. Search for programs that flex engagement to higher energy and consist of physical outlets.

Costs connect to both amenities and medical ability. A modest setting with outstanding processes might surpass a high-end structure with thin staffing. Pay for the team, not the chandelier. Households sometimes start in assisted living with add-on assistance to extend dollars. This can operate in early stage, especially with strong household involvement. Reassess when wandering emerges, when exits or finances pressure, or when overdue caregiving reaches a snapping point. The point is not to claim a legendary perfect time but to time the relocate to minimize crisis and maximize adaptation.

Partnering with hospice and palliative care without giving up

When dementia reaches innovative stages, hospice and palliative care offer layers of assistance that sit next to memory care instead of change it. Hospice includes a nurse, home health assistant, social employee, and chaplain who visit routinely. They focus on convenience, sign control, and caregiver assistance. Households in some cases fear that hospice triggers loss of existing services, however in lots of memory care settings hospice merely augments what is there. Personnel frequently invite the additional medical eyes.

A good memory care group will raise hospice or palliative alternatives when markers like frequent infections, weight reduction, or deepening immobility appear. If the group never ever raises these subjects, you can. Comfort and self-respect do not imply giving up. They indicate shifting aims to what matters most at that stage.

Cultural fit and communication style

Technical skills is essential, however culture shapes every interaction. Does the language on the flooring reward grownups as adults, even in sophisticated dementia? Are nicknames and regards to endearment used with permission, not as a default? Are households treated as partners or as pests? When dispute happens, because it will, does the neighborhood invite conversation and repair work or set stiff limits? I measure culture by how staff speak about homeowners when they think nobody is listening. Happiness and patience bring in tone.

Ask how the team communicates daily. Some neighborhoods utilize safe apps for updates and images. Others count on weekly e-mails or monthly care conferences. The medium is less important than consistency and

responsiveness. Clarify how urgent concerns are dealt with after hours. If you live far away, negotiate how typically you get structured updates and from whom.

Practical checklist for the automobile ride home

After you tour two or 3 communities, emotions and information blur. The following brief checklist assists organize impressions while they are fresh.

- Did staff utilize the resident's name and treat them like an adult throughout interactions you observed, including care tasks?
- How did the dining room feel at peak time, and would you be content consuming there 3 times a day?
- Could the neighborhood fluently discuss various dementias and explain specific adjustments for your loved one's profile?
- What did you find out about turnover, training frequency, and overnight coverage that was concrete instead of generic?
- If expenses increased by the normal varieties for included care in your state, would the neighborhood still be sustainable for at least 18 to 24 months?

A short story about getting it right

Years back, I worked with two sis taking care of their mother, a retired librarian with mixed Alzheimer's and vascular illness. She enjoyed birds, loathed loud Televisions, and ended up being anxious around unfamiliar men. The first community they explored was gleaming, with a barista and marble lobby. On the unit, the tv ran constantly, and personnel count on music through speakers. She lasted 3 weeks, sleeping improperly and picking at meals.

They moved her to a quieter memory care with a courtyard garden and bird feeders noticeable from the majority of spaces. The activity director kept a small box of notecards and a stamp since the mother utilized to compose letters throughout peaceful times. They swapped taped music for a volunteer who played gentle guitar in the afternoons. The nurse changed night meds from 8 p.m. To 6 p.m. Due to the fact that the mother's sundowning began early. Nothing flashy, simply attunement. She remained there two years, gained 4 pounds, and passed away on hospice with both children at her bedside, holding hands and informing stories about the library's yearly prohibited books week. The distinction was not spending plan, it was healthy and follow-through.

Final thoughts for constant decision-making

You are not just buying a room. You are employing a team to stroll next to your family through an illness that takes and takes. Pick the people and procedures that will hold steady when you are tired, when your loved one is scared, and when health turns. Usage respite care as a proving ground. Visit at hard hours, not just tour time. Request specifics, then validate them with your eyes and ears. Make space for sorrow and relief, due to the fact that both will arrive.

Most of all, keep in mind that great dementia care is possible. I have actually seen locals who had stopped consuming begin to delight in meals again when somebody sat and sang an old hymn. I have seen a former mechanic relax when handed an easy toolkit and invited to assist fix a loose cabinet knob. The right memory care neighborhood does not eliminate loss, however it builds an every day life where the individual you like can still be known.

BeeHive Homes of Crownridge Assisted Living has license number of 307787
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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
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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

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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BeeHive Homes of Crownridge Assisted Living & Memory Care has a website

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

BeeHive Homes of Crownridge Assisted Living & Memory Care has Google Maps listing

<https://maps.app.goo.gl/YBAZ5KBQHmGznG5E6>

BeeHive Homes of Crownridge Assisted Living & Memory Care has Facebook page

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

BeeHive Homes of Crownridge Assisted Living & Memory Care has Instagram

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

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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Sunday 9am to 5pm.

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

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

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.