

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 rarely begin looking into care choices due to the fact that whatever is going well. Typically there has been a fall, a frightening moment with medication, or a sluggish accumulation of small concerns that finally feels like excessive. In those conversations, the exact same concerns turn up: Will Mom still be able to shower safely? Who will ensure Dad is consuming real meals, not just toast? How do we keep them strolling, dressing, and handling basic jobs for as long as possible?

Those daily jobs are what experts call Activities of Daily Living, or ADLs. The way a home is organized around ADLs often matters more than its amenities, its décor, or its marketing language. This is where store senior care homes can silently excel.

I have walked through lots of big assisted living neighborhoods and a similar variety of smaller, boutique-style senior care homes. What stays with me is not the chandeliers or the recreation room. It is the method a caregiver gently hints a resident to move weight before a transfer, or how a resident's favorite cardigan is constantly awaiting the same area so dressing feels easy rather than confusing.

This post looks carefully at how store senior care homes can enhance ADLs, how they vary from bigger assisted living settings, and how households can evaluate whether a particular home is most likely to assist their loved one not just live longer, however live better.

What ADLs Really Mean in Daily Life

Professionals tend to group Activities of Daily Living into a familiar core: bathing, dressing, grooming, toileting, moving, and eating. Many also discuss "critical" activities, like managing medications, using a phone, shopping, or preparing meals.

Those classifications are useful for assessment, however households normally experience them more personally:

A daughter notices her father is unexpectedly using the very same shirt a number of days in a row and bristles when she recommends a shower. A spouse understands her partner is "forgetting" to shave, which for him would have been unthinkable a few years earlier. A child opens the fridge and sees half-eaten containers and random items, not genuine meals.

Struggles with ADLs signify more than physical decline. They frequently reveal cognitive modifications, mood shifts, or losses in self-confidence. When ADLs slip, people withdraw. They prevent visitors, feel ashamed, and their threat of falls, infections, and hospitalization climbs.

The best senior care environments deal with ADLs as chances to support identity and self-respect, not simply tasks on a list. That is where the shop technique can make a real difference.

What Defines a Boutique Senior Care Home

"Boutique" is not a regulated term. It tends to describe smaller, more personalized senior care settings, frequently with:

Fewer locals, in some cases 6 to 20 instead of 80 to 150. A residential feel, such as transformed single-family homes or purpose-built however small-scale buildings. Greater staff-to-resident ratios and more stable teams. More versatility in regimens and menus.

Boutique homes may be certified as assisted living, residential care, or board-and-care, depending upon the state. Some focus on memory care, others on basic elderly care, and some offer short-term respite care remain in addition to long-lasting residence.

The core function is not luxury. It is scale. With fewer people to support, staff can focus on how each resident in fact lives: which side they prefer to rise, whether they like to shower in the morning or in the evening, for how long they typically sit before their back stiffens.

Those small observations are what maintain ADLs over time.

Why Size and Scale Matter for ADLs

In a big assisted living neighborhood, early morning care typically has to run like an assembly line. Personnel are assigned a long list of homeowners to help up, toileted, bathed or showered, and dressed, all before breakfast ends. Even with caring personnel, the pace encourages shortcuts. If buttoning is sluggish, they button for the resident. If strolling from bed room to dining-room takes 10 minutes, they may press a wheelchair instead.

The result is subtle however substantial. What the resident might do with time and cueing gets taken over. Within months, the resident does less, the muscles decondition, and the ADL score drops. Households sometimes assume this is the disease progressing. Often, it is the environment quietly accelerating the decline.

In a boutique senior care home, personnel usually support fewer homeowners per shift. I have actually enjoyed caregivers rest on the edge of the bed and wait through a long silence while a resident arranges herself to stand. No rushing, no noticeable impatience. That additional two minutes makes the distinction in between "dependent" and "requires some assistance."

A resident who continues to transfer with support rather than be raised or wheeled maintains leg strength, flow, and a sense of agency. Those information compound over years.

Physical Environment as an ADL Tool

One of the greatest benefits of store homes is that the building itself can be organized around how individuals actually move through their day.

Hallways tend to be shorter. Distances in between bedroom, restroom, and dining location are less intimidating. For someone with arthritis or mild heart failure, that can imply the difference between strolling independently and needing a wheelchair. Bathrooms can be personalized more tightly to the resident's needs: grab bars positioned to match an individual's height and dominant hand, shower heads reduced or portable, shelving organized so favorite items are constantly in arm's reach.

Lighting and noise levels matter more than a lot of households realize. In a smaller, quieter area, a resident can better hear a caretaker's verbal cues: "Move your hand along the rail. Excellent. Now lean forward simply a little." That enhances both security and confidence.

I checked out a 10-bed home where staff noticed one resident regularly declined night showers. Rather than chalk it as much as "habits," they took note. The passage to the bathroom was dim; her room was intense. They added a warm, continuous light along the path and a nightlight in the bathroom. Within a couple of days, her resistance softened. It was not about stubbornness. It had to do with depth perception and worry of falling in low light.

Boutique settings can make small, rapid modifications like this without a committee conference or a six-month capital plan. That responsiveness shows up in ADL performance.

Staff Relationships and the Power of Familiarity

ADLs are intimate. Helping a person bathe, toilet, gown, or handle incontinence needs trust. In large neighborhoods where personnel turnover is high, locals might see a carousel of unknown faces. For somebody with dementia or stress and anxiety, that is a significant barrier to accepting help.

In numerous shop homes, the staff is smaller, and schedules are more foreseeable. A resident might see the very same caretaker three or four days every week, on the same shift. Familiarity grows, and with it, cooperation.

A resident who declines a shower from a brand-new aide may accept one from "Ana who understands my cream." A caregiver who has actually seen a resident through good and bad days can frequently anticipate what will help on a rough early morning: coffee first, favorite music, a slower speed. That versatility assists preserve ADLs, because the resident remains engaged in the procedure instead of pulling away or shutting down.

For staff, having an intimate knowledge of "their" residents also improves medical judgment. A caretaker discovering that an usually consistent walker is suddenly unstable can flag a prospective urinary tract infection or medication problem early, long before a fall.

Individualized Routines Instead of Institutional Timetables

Rigid schedules are effective for buildings, not always for bodies. People do not age into harmony. Some have always bathed during the night, others first thing in the early morning. Some require time to get up gradually before any demands are made.

Large assisted living operations typically have to cluster showers and dressing support into narrow time windows to cover everyone. Store homes can stagger routines.

I worked with a small home that had a resident who had actually always been a late sleeper. In her previous larger community, personnel woke her at 6:30 a.m. For "early morning care" because that is how the task sheets were structured. She ended up being upset, yelled, struck out, and was labeled as having "difficult habits."

In the store home, staff accepted leave her undisturbed up until 8:30 or 9, then offer breakfast in her room if she wished. Within a week, the "habits" had actually practically vanished. She still needed support with dressing and bathing, but she accepted it calmly and cooperatively. Her ADL ratings did not amazingly enhance, however her ability to take part in her care did, and that is critical.

Boutique homes can also bend meal times, toileting schedules, and activity windows to match specific habits. For ADLs, that means jobs are done when the resident is at their best, not when the building requires it.

Supporting Movement Rather of Changing It

One of the most significant fault lines in between settings is how they treat mobility. For personnel in a rush, a wheelchair is appealing. It feels faster and much safer. Yet moving an individual prematurely to a wheelchair, or overusing it, is one of the quickest routes to losing the ability to walk.

In the better shop homes, you see a really intentional approach: maintain and utilize whatever movement exists, even if it takes some time. Personnel walk along with homeowners, not in front of them pressing. They include movement into daily life rather than restricting it to "exercise class."

Examples from practice:

A resident who is unstable on unequal surface areas goes outside day-to-day anyway, but just on a carefully picked path, with a gait belt and close supervision. A male who constantly liked to "fix things" is invited to help bring light tools or hold a flashlight when small repairs are done, offering him purposeful walking.

That kind of integration matters more than an arranged 30-minute exercise. ADLs like moving, toileting, and dressing all depend upon leg strength, balance, and confidence to move. By keeping movement part of real life, boutique homes lengthen those capacities.



When official rehabilitation is involved, such as after hip surgery or stroke, a small setting can typically coordinate more effortlessly with physical and physical therapists. Personnel get practical training at the bedside: where to

stand throughout transfers, what sort of verbal cueing is advised, just how much assistance to give and when to hold back. This tight feedback loop enhances carryover into ADLs.

Bathing, Dressing, and Grooming With Dignity

Bathing is frequently the hardest ADL for households to manage in the house, and the one they most fear handing over to strangers. In practice, how a home manages bathing informs you a great deal about its culture.

In a shop environment, it is simpler to do the following:

Limit the number of different caregivers who help a resident in the shower, to construct trust. Adjust the speed to the individual's anxiety level, even if that implies dispersing bathing jobs over two shorter sessions rather than one long one. Use individual preferences: water temperature, particular soaps, whether the individual likes to wash their own hair or have it done for them.

Dressing and grooming follow the exact same pattern. Smaller homes are most likely to appreciate an individual's clothes design rather than push everyone into elastic-waist pants and zip-up jackets "for functionality." For some locals, being able to pick a tie, a piece of fashion jewelry, or a particular sweatshirt is more than vanity. It is continuity of self.

I remember a retired instructor with mild dementia whose family was surprised at how well she continued to dress and groom herself in a 12-bed setting. The reason was not complicated. Personnel established her clothing in the exact same order, in the same drawer, at the same time each day, and cued her step by step, without rushing. In her previous larger setting, personnel had typically merely dressed her to conserve time. The distinction was not the structure. It was the time and attention.

Nutrition and Mealtime as ADL Support

Eating is technically an ADL, but it is also a gathering, a cultural ritual, and a major chauffeur of physical health. Store senior care homes can turn mealtime into active assistance for independence rather than passive feeding.

Smaller dining spaces lower sound and confusion, which helps residents with dementia focus on the job of eating. Personnel can sit with residents, not simply flow, and provide gentle prompts: "Here is your fork. Try a bite of the chicken." Menus can be adjusted rapidly. If personnel notice that 3 residents regularly leave the majority of the meat, they can change textures or gravies without a bureaucracy.

For homeowners who deal with fine motor abilities, smaller homes can try out various plate rims, adaptive utensils, or finger-food versions of the very same meals. The goal is to keep the resident feeding themselves as long as possible, with peaceful, behind-the-scenes adjustment rather than overt "unique treatment" that may feel infantilizing.



Hydration is another subtle ADL assistance. In a store setting, staff typically understand who prefers iced water, who drinks more if the cup has a straw, and who will just consume tea if it is made a certain method. Those individual information affect kidney function, high blood pressure, and fall risk.

Social and Emotional Layers of ADLs

You can not separate ADLs from state of mind. A person who is lonesome or depressed typically loses interest in bathing, grooming, and even eating. A smaller, more relational home can capture and resolve those emotional shifts faster.

Familiar personnel notice when somebody withdraws from usual routines. That may be the resident who constantly liked to sit by the window now remaining in bed, or the female who loved having her hair curled unexpectedly stating "do not trouble." In a boutique home, personnel often have time to sit and ask questions, or a minimum of alert a nurse or social worker, instead of dealing with the change as easy stubbornness.

Group size likewise impacts social convenience. Some citizens find large activity rooms and big-group occasions overwhelming. They may prevent them and become labeled as "not getting involved." In a store senior care home, activities can be smaller and more spontaneous. 2 residents folding laundry together, or one assisting to shell peas in the cooking area, can be more meaningful than a scheduled bingo hour.

That sense of belonging feeds back into ADLs. People are more ready to get dressed, groomed, and pertain to the table when they understand they will see familiar faces and feel helpful, not simply be parked in front of a television.

Where Store Homes Excel Compared To Big Assisted Living

Large assisted living communities are not inherently poor options. They often have strong medical resources, on-site therapy, and a larger range of structured activities. The concern is fit.

For ADL support, store homes tend to outperform in a few practical ways:

- Staff-to-resident ratios are often higher, so caregivers can provide more individually time for bathing, dressing, toileting, and movement, which protects abilities longer.
- Routines are more flexible, so residents can bathe, consume, and sleep at times that match their life time routines, which decreases resistance and improves cooperation.

- Physical layouts are simpler and distances much shorter, which makes walking, toileting, and discovering one's space or the dining area easier, specifically for those with dementia.
- Relationships are more steady and familiar, which increases trust and minimizes stress and anxiety around intimate care like bathing and toileting.
- Small modifications can be made rapidly, such as customizing restrooms, seating, or meal arrangements for a single person, without having to upgrade an entire unit.

Families weighing a larger assisted living facility versus a shop senior care home need to not only compare features. They need to ask, extremely directly, how this location will keep their loved one walking, eating, grooming, and using the restroom [respite care](#) as separately and safely as possible.

The Function of Shop Residences in Respite Care

Not every household is searching for long-lasting positioning. Sometimes the immediate requirement is breathing room: a partner who has been providing 24-hour elderly care needs surgical treatment, or an adult kid caretaker is stressing out and needs a brief reset.

Short-term respite care in a shop home can be valuable in two directions. The caretaker gets a break, and the older adult gains direct exposure to a structured environment that actively supports ADLs.

During a 2 or four week respite stay, personnel can typically:

Re-establish safe bathing regimens that have slipped at home. Enhance toileting schedules and address irregularity or incontinence. Get eyes on mobility issues, perhaps include a therapist, and send the resident home with a better prepare for transfers and walking.

Families often report that their loved one returns from respite "doing much better" with daily tasks than in the past. That is usually not magic. It is simply the effect of constant cueing, practiced transfers, and constant nutrition and hydration.

Respite stays are likewise a low-commitment way to examine a boutique home as a possible future option. Enjoying how staff support ADLs throughout a brief stay can tell you a good deal about what longer-term life there would look like.

Trade-offs, Cost, and Sensible Expectations

Boutique senior care homes are not the best fit for every scenario. Compromises are real.

Cost can be higher per resident than in big assisted living facilities, especially in metropolitan markets where home worths are high. Some store homes are private pay only, with limited approval of long-lasting care insurance or Medicaid waivers.

Clinical resources vary. A smaller home may not have on-site nurses 24/7 or immediate access to rehab services. For homeowners with complex medical requirements, such as frequent IV medications or sophisticated ventilator support, an experienced nursing facility might be better suited in spite of its more institutional feel.

Even in strong boutique homes, not every ADL can be fully preserved. Progressive dementias, severe persistent health problems, and frailty will eventually lower self-reliance, no matter how outstanding the care. What households can fairly hope for is a slower, gentler trajectory of decrease, less crises, and more dignity in the process.

Part of the expert function in senior care is to help households set expectations. A boutique setting can improve security and lifestyle, but it can not bring back a level of function that the person has clearly lost. The focus is often on keeping what remains, compensating wisely where needed, and avoiding intensifying harm by doing excessive for the resident too soon.

What to Ask When Examining a Shop Senior Care Home

Tours tend to stress decoration and social shows. To comprehend how a home supports ADLs, you need more pointed questions. Utilized together, the following quick list can help:

- Ask for specific staff-to-resident ratios on days, nights, and nights, and the length of time the typical caregiver has actually worked there, to evaluate stability and capacity for one-on-one ADL support.
- Observe bathrooms and bed rooms for customized setup: grab bars, adaptive equipment, clothing company, and proof that areas are customized to individuals instead of standardized.
- Ask how they manage a resident who refuses a shower or resists toileting, and listen for nuanced, person-centered techniques instead of talk of "compliance."
- Inquire about cooperation with physical and physical therapists after hospitalizations, and how therapy recommendations are included into everyday care.
- Speak straight with caregivers, not simply administrators, about how they help homeowners stroll, transfer, consume, and gown; frontline staff will expose the genuine culture.

If the answers are vague or heavily scripted, that is an indication. Houses that truly focus on ADLs can talk concretely about how their regimens differ from a more institutional assisted living design, and they can provide specific examples without exposing personal details.

Bringing All of it Together

The core guarantee of any senior care setting, whether identified assisted living, memory care, or residential care, is that standard everyday requirements will be met dependably and respectfully. Boutique senior care homes make that promise in a specific way: through small scale, close relationships, and an environment that flexes to the individual, not the other method around.

For households, the choice is rarely simple. Yet when you remove away marketing language and amenities, one concern typically cuts through the sound: Where is my loved one probably to continue bathing, dressing, strolling, consuming, and handling the information of daily life in a way that feels like them?

For many older grownups, specifically those overwhelmed by big crowds or rigid timetables, an attentively run store senior care home is a strong answer.

BeeHive Homes of Crownridge Assisted Living has license number of 307787

BeeHive Homes of Crownridge Assisted Living is located at 6919 Camp Bullis Road, San Antonio, TX 78256

BeeHive Homes of Crownridge Assisted Living has capacity of 16 residents

BeeHive Homes of Crownridge Assisted Living offers private rooms

BeeHive Homes of Crownridge Assisted Living includes private bathrooms with ADA-compliant showers

BeeHive Homes of Crownridge Assisted Living provides 24/7 caregiver support

BeeHive Homes of Crownridge Assisted Living provides medication management

BeeHive Homes of Crownridge Assisted Living serves home-cooked meals daily

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BeeHive Homes of Crownridge Assisted Living provides life-enrichment activities

BeeHive Homes of Crownridge Assisted Living is described as a homelike residential environment

BeeHive Homes of Crownridge Assisted Living supports seniors seeking independence

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

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

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

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 won Top Assisted Living Homes 2025

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BeeHive Homes of Crownridge Assisted Living placed 1st for Senior Living Communities 2025

People Also Ask about BeeHive Homes of Crownridge Assisted Living

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

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

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

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

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

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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.

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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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.