

**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.

[View on Google Maps](#)

6919 Camp Bullis Rd, San Antonio, TX 78256

### Business Hours

- Monday thru Saturday: 9:00am to 5:00pm

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Families hardly ever prepare for memory care in a neat, leisurely arc. More often, a fall or a roaming episode pushes the problem to the front burner, and you are asked to make a significant, life-shaping choice on short notice. I have actually sat at cooking area tables with children and children holding printed brochures in one hand and a health center discharge summary in the other, trying to weigh trade-offs that do not fit cleanly in a spreadsheet. The best option blends scientific capability, a safe and comforting environment, and a rhythm of life that matches what your loved one can still delight in. Where the neighborhood sits on a map, how it is licensed, and what day-to-day looks like, all three matter more than the shiny images suggest.

## What memory care really provides

Memory care is not a single item. It is an approach to senior care that wraps housing, encouraging services, and dementia care practices into one program. You will see it delivered in different settings. Some are devoted memory care residences within assisted living neighborhoods, separated by protected doors. Others are stand-alone structures that serve just homeowners with Alzheimer's illness or related dementias. A smaller sized slice exists within nursing homes for people with substantial medical needs.

What specifies memory care is the combination of security functions for individuals at risk of wandering, personnel trained in dementia-specific communication and habits assistance, and an everyday structure that satisfies cognitive needs. Basic assisted living can help with medications and bathing, however memory care expects distress, misperceptions, and variation in function over the course of a day. Excellent programs do not fight those truths, they deal with them.

Short-stay options exist too. Respite care offers a provided room, completes, and activities for a defined period, often 7 to 30 days. It can give a caretaker time to recuperate after surgical treatment, cover an organization journey, or test whether a particular community is a fit before a permanent move. Well-run respite care follows the exact same dementia care routines as long-term stays, which suggests the trial is a real representation.

# The case for selecting on location, not simply curb appeal

Location sets the context for whatever else. It affects staffing stability, how often household can visit, medical facility relationships, and even how citizens sleep.

Think first about range to the individual's current social life. Familiar faces matter. If the grandkids can stop by after soccer since the community is on their path home, visits occur. The difference in between a 15 minute drive and an hour each method shows up in genuine presence, not intention. A resident who sees family weekly tends to preserve much better hunger and engagement, especially throughout the susceptible very first 60 days after a move.

Proximity to health care is more nuanced. A community within 10 to 15 minutes of a healthcare facility with a solid geriatric system frequently takes advantage of smoother discharges and access to specialized clinics. If your loved one has insulin-dependent diabetes, injuries that require routine attention, or a cardiac device, ask which neighboring suppliers the neighborhood actually uses and how transport is organized. I have actually dealt with a family who picked a community further from home since it sat next to a wound care center. That option prevented 3 emergency situation department journeys in one winter.

Do not neglect climate and light. Individuals dealing with dementia can be conscious abrupt seasonal modifications and early night darkness. A safe courtyard with genuine trees and a walking loop gets used more days of the year in temperate regions, however even in snow country, a sun parlor or indoor garden can support sleep-wake cycles. If sundowning has been extreme, communities that stress daytime light exposure and afternoon quiet zones normally see fewer evening outbursts.

Transportation patterns also matter. If the neighborhood is near a busy truck path or a station house, overnight sirens can increase stress and anxiety. Visit around 9 pm and listen. On the other hand, a website tucked behind a church or library tends to feel calmer and has built-in locations for intergenerational programs and faith services.



## Understanding licensing, without the alphabet soup headache

Licensing tells you who supervises the community and what minimum requirements apply. Memory care inside assisted living is controlled by states, not the federal government. Nursing homes are regulated under federal Centers for Medicare and Medicaid Services guidelines, with state enforcement. The titles vary. What you require to extract is whether the license allows dementia care, and what training, staffing, and safety requirements that implies.

In California, for example, assisted living is called Residential Care Facilities for the Elderly. A neighborhood that promotes dementia care must maintain a composed strategy, guarantee secured borders or comparable precaution, and supply dementia-specific training beyond the base requirement. In Texas, certain assisted living facilities hold a Type B license, and those using Alzheimer's certification reveal additional personnel training and environmental safeguards. Florida layers optional licenses like Extended Congregate Care or Limited Nursing Services on top of standard assisted living, signifying whether greater medical requirements can be satisfied. New York acknowledges Assisted Living Residences and an Unique Requirements Assisted Living Residence classification for dementia care systems, with guidelines about egress security and programming.

Numbers vary, however a typical pattern is a preliminary 8 to 12 hours of dementia training for frontline staff, plus annual refreshers. Some states require a nurse on site for a set number of hours weekly, others count on experts. Fire codes usually need full building sprinklers, delayed-egress doors, and staff drills.

Here is the useful move. Ask the administrator to explain their license classification in plain language and to produce the most current study report. Read it. Not every shortage is damning. A missing signature on a fridge temperature log is various from a pattern of medication mistakes. In one file I reviewed, the state mentioned the community for stopping working to update care strategies after falls. That informed us the problem-solving procedure was weak, and the household picked a various provider.

## **Staffing, skills, and continuity after 3 am**

Hallways look the same at lunch as they do on a tour. They do not at 3 am. Nurses and assistants make or break memory care since symptoms do not keep lender's hours.

Look for 24-hour awake personnel, not sleep-over coverage. Lots of memory care programs post ratios like one aide for each 6 to eight homeowners throughout the day, and one for every single 8 to 10 over night, in some cases with a medication specialist on top. Ratios by themselves do not guarantee quality. What matters is the pairing of those numbers with a system's physical design and the skill of locals. A compact 20-bed system with sightlines and constant locals might run safely with leaner staffing than a split-level 30-bed unit with frequent elopement attempts.

Ask about nurse coverage. Some neighborhoods have a licensed nurse on website twelve hours a day and on call over night. Others have a nurse just during the business week. If your loved one has complex meds, oxygen, catheters, or frequent UTIs, you want day-to-day nurse existence and strong drug store support. Good teams have escalation procedures, for instance, calling the on-call nurse to assess [assisted living facilities in san antonio texas](#) brand-new agitation for discomfort or infection before shipping someone to the hospital.

Staff longevity informs another fact. If the life enrichment director has actually been there 7 years and the lead assistant on nights understands the homeowners by first name and preferred treat, little crises liquify before they become big ones. I still keep in mind Marian, a night aide who kept a set of soft scarves in her pocket. A resident who tried to go "home" every night calmed when Marian looped a headscarf gently over her hands and walked with her, talking about the resident's old patio swing. That is not in a policy book. It remains in individuals you hire and keep.

## **Safety by design, not by restraint**

Safety in memory care should feel invisible however present. Door alarms that chirp discretely, not sirens that surprise everybody. Delayed egress systems with keypads, plus wander management systems that pair to discreet wrist tags if a resident is at high danger. Flooring modifications that indicate room entries without developing visual cliffs. Secured courtyards that welcome walking in circles, a natural human habits when nervous. Get bars and great lighting are a given. Search for bathroom designs big enough for 2 individuals to help, since bathing is where many citizens withstand help.

Chemical restraint is not safety. Before anyone grabs antipsychotics, the group ought to ask what need the habits is interacting. Is the person cold, hungry, in discomfort, overstimulated, or tired. Nonpharmacologic methods come first, then cautious medication usage if risks surpass advantages. A provider who can discuss their approach in plain words is a much better bet than one who simply indicates a medical professional's order.

# What daily life need to actually feel like

Lifestyle is the underestimated 3rd leg of this stool. A resident's day ought to begin with something that premises them in personhood. It may be folding towels side by side with an employee, watering plants, or listening to a favorite big band record. Programs rooted in Montessori for dementia techniques, which break tasks into basic steps and offer purposeful functions, typically unlock capabilities others assume are gone.

Activity calendars can mislead. Fancy printing does not ensure participation or fit. Stand in the space during an activity. Are five to 10 citizens engaged, or are two individuals engaged while others oversleep wheelchairs versus the wall. Enjoy a meal. Finger foods like soft chicken strips or vegetable sticks help those who can not handle utensils. Staff ought to offer hand-under-hand assistance for those who require it, placing their hand under the resident's forearm and moving in sync, which maintains self-respect and frequently enhances intake.

Noise levels matter. Some residents long for a vibrant environment, others decipher in it. A community that can bend - checking out circle in a peaceful corner, chair yoga before lunch to manage restlessness, music with a predictable beat rather than the tv blasting - will keep more individuals content. Try to find areas beyond the dining room where little groups can collect. A multisensory room with controllable light and aroma can be magic during late afternoon agitation. You do not need a brand to do this well. You need intent and a personnel who knows who chooses lavender and who hates it.

Spiritual life can be as easy as a weekly hymn sing or a peaceful time with a volunteer from the resident's faith tradition. Cultural fit shows up on plates and calendars. If somebody kept kosher or avoided pork out of habit more than doctrine, that ought to be respected. If Spanish is the mother tongue, are there multilingual staff on every shift, not just as soon as a week.

## Costs and agreements without regret

Memory care expenses have a variety, however you can expect a month-to-month base lease in between approximately 4,500 and 9,000 dollars in lots of metro locations, with higher tiers in coastal cities and lower in villages. The majority of communities use a tiered level-of-care model. Level one covers light help, level 3 or four covers more hands-on help, and costs step up as needs increase. Medication management is often a different charge per med or per pass. Incontinence supplies may be pass-through expenses. Transport to routine appointments might be included once a week, with personal journeys billed extra.

Watch for community costs at move-in, frequently equal to half to one month's lease. Ask whether respite care days can be credited toward the fee if you later transform to a long-term placement. Clarify whether rates are locked for a duration or subject to annual boosts, and by just how much. Good contracts spell this out in plain English.

Read discharge criteria. Communities must discuss when they can no longer securely serve somebody. Bed or chair-bound status, total dependence for transfers without ceiling lifts, or two-person helps may trigger a move to a nursing home level of care in some states. Other communities hold Extended Congregate Care or similar endorsements and can continue with hospice partners. Knowing the line ahead of time avoids surprise relocations at 2 am.

## How to evaluate quality throughout a tour

Brochures do not sweat. People do. The very best sense of quality comes from seeing typical days and typical problems handled well. Drop by unannounced if permitted, ideally at different times. Early morning shows how

personal care is provided. Late afternoons reveal how they manage the witching hour. Meal times discover cues about regard and patience.



Use short, targeted concerns and then enjoy the floor, not the salesperson's face. After a few hundred tours, I keep coming back to a little set.

- When a resident refuses a bath for 3 days, what is your approach and who gets involved next.
- How many residents have vacated in the past six months since you could not fulfill their needs.
- On a common night, the number of staff are on the memory care unit and who is the clinical decision-maker if something changes.
- What is your procedure for care plan updates after a fall or hospitalization, and how do households participate.
- If my parent needs hospice, which firms do you partner with and how do you coordinate.

Expect clear responses. If a manager dismisses the bath concern with "We never have that issue," they may not be seeing what happens behind the closed door. A candid reply might sound like this. "We attempt a various employee, change the time of day, offer a warm towel, or recommend a sponge bath. If it continues, our nurse and household talk and we adjust the care plan."

## **The role of respite care and trial stays**

Families typically hesitate to use respite care due to the fact that it feels like admitting defeat. Frame it in a different way. Respite is a risk reducer. It can reveal whether the environment quiets or irritates certain behaviors. It offers the community a possibility to discover who your loved one is beyond a diagnosis. 2 weeks is usually the minimum that produces a reasonable read, due to the fact that the first 3 days are unusual for nearly everyone.

During a respite stay, ask the team to test real-world situations. Try a shower on the day and time your parent typically endures. Observe at dinner and breakfast. If your loved one wanders, see how staff redirect. Great communities write these observations down and hand you a copy at the end, that makes next steps more confident.

## **Legal preparedness that avoids preventable stress**

Moving into memory care brings paperwork. Tackle it early. Long lasting power of attorney and healthcare proxy documents must be present and available. If your state utilizes a Physician Orders for Life-Sustaining Treatment kind, complete it with the primary care supplier and the future neighborhood nurse before the move. Bring a list of current medications with doses and times. If your loved one uses hearing aids or glasses, label them and bring extra batteries or a backup pair.

Move-in evaluations are needed in most states, with a re-evaluation within thirty days. Be honest in those meetings. Families sometimes underreport needs out of pride or worry of higher costs. That backfires. If a resident enters upon the incorrect level of care, both the group and the resident battle. Much better to put correctly on the first day and change down if feasible.

## **When home is still possible, and when it is not**

Not everyone with dementia needs memory care today. Adult day programs, in-home aides with dementia training, and respite care sprinkled in can keep somebody consistent in your home for months or years. The tipping points I enjoy are night safety, medication management, and social isolation. If an individual is up and out the door at 3 am, or can not safely take vital medications, the risks in your home escalate rapidly. 2 hospitalizations in a quarter for falls or infections typically predict a rough stretch ahead.

There are also positive reasons to move previously. Some residents love foreseeable peer contact and structured days. The misconception that everyone declines faster in memory care does not hold throughout the board. I have seen locals eat much better, sleep better, and laugh more when the right team surrounds them.

## **Red flags that must slow you down**

Certain check in a tour need to trigger more questions. If a neighborhood guarantees they can handle "any behavior" without any information about how, beware. If you never ever see a RN in the course of 2 visits, ask about medical oversight. If the memory care system smells regularly of urine, that is generally a staffing or training issue, not just a temporary bad day. If staff discuss residents within earshot as if they are not there, keep looking. Your loved one's dignity depends upon those micro-moments.

On the other hand, small great signs build up. A shadow box outside each space with keepsakes that matter. The cook stepping out to ask a resident if they desire more peaches. A white boards on the wall noting that Mr. H likes coffee black and Thelonious Monk on vinyl. These are not gimmicks, they are proof that the group pays attention.

## **An easy shortlist to keep focus when options feel overwhelming**

- Can family realistically visit often sufficient to matter, given range and traffic.
- Does the license cover dementia care with particular training and safety requirements, and do study reports align with what you are told.
- Are there awake personnel overnight with clear medical backup, and can they meet recognized medical needs.
- Does daily life feel calm, purposeful, and tailored to your loved one's preferences, not simply a calendar loaded with events.
- Are expenses transparent, consisting of levels of care, likely yearly increases, and requirements for when a greater level or a move is required.

Print that and keep it in the folder. It anchors conversations when glossy features attempt to distract.

## Preparing for moving day and the first month

Success rides on the first thirty days. Pack the familiar, not simply the practical. A preferred quilt, framed images, a well-worn cardigan, the same brand of soap from home. Label whatever. Coordinate move-in early in the day so there is time to settle in the past dinner. If your loved one does much better with less individuals, restrict the welcome committee. If they yearn for peace of mind, phase visits across the very first week so somebody they know exists every afternoon.

Share a one-page life story with staff. Include nicknames, previous work, regimens, what calms, and what agitates. Note allergies and what a normal bad day appears like. I when worked with a household who wrote, "If Dad asks for his car keys, use his baseball cap and suggest a walk to the garage. He will talk about the old Chevy and forget the errand." That line conserved countless tense moments.

Stay present however provide the group space to develop connection. Daily check-ins can be short and warm. Expect some uncertain behavior in the first ten days. If it continues or intensifies, request a care strategy meeting and come with specifics, not just "She is not herself." Describe times of day, triggers you have observed, and what utilized to work at home.



## The long view

Choosing a memory care home is hardly ever about discovering the fanciest structure or the least expensive rate. It has to do with weaving together location that supports connection, licensing that indicates real capability, and a day-to-day lifestyle that protects the person you like. The decision is technical and human at once. When those threads align, little self-respects return. Meals are shared without rush. Nights are quieter. A resident hums to a tune they danced to in 1964. Households breathe once again, not since dementia ended up being simple, however since the environment began doing a few of the work.

If you take absolutely nothing else from this, take the self-confidence to ask extremely specific concerns, visit at off hours, and see the material of every day life. Memory care succeeded is not a mishap. It is a set of choices about location, requirements, and how people invest their hours. Your choice can set the stage for the best possible variation of the next chapter.

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 serves the communities of Crownridge, Leon Springs, Fair Oaks Ranch, Dominion, Boerne, Helotes, Shavano Park, and Stone Oak  
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BeeHive Homes of Crownridge Assisted Living has Google Maps listing <https://maps.app.goo.gl/YBAZ5KBQHmGznG5E6>  
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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?

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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 BeeHiveHomes of Crownridge Assisted Living until the end of their life?

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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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<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

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

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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?

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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?

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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](https://apps.hhs.texas.gov/news_info/ombudsman).

## Are all residents from San Antonio?

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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?

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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