

**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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Choosing a memory care home is not a spreadsheet choice. Households arrive with complex stories, half-packed boxes, and a mix of hope and concern. A daughter has actually been doing the graveyard shift for months since her mom wanders and rearranges the kitchen at 3 a.m. A partner needs safe bathing and medication oversight, but still wants to garden and hear Sinatra at lunch. Excellent memory care includes both reality and self-respect. The difficult part is discriminating between a sleek brochure and a place that can bring your loved one through the long arc of dementia care.

What follows originates from many years of walking households through admissions, care strategy conferences, and, yes, difficult moves when a house was not the right fit. Use these insights to frame what you see and what you ask. The goal is not perfection, it is a match that keeps your individual safe, engaged, and seen.

## Start with your individual, not the building

Write down the handful of things that specify your loved one's days. Morning regimens, preferred foods, how they deal with change, what soothes them throughout agitation. Include the real care needs: assistance with bathing or dressing, continence assistance, diabetes management, hearing loss, a history of falls, or a tendency to leave your home all of a sudden. Layer in the less noticeable realities such as paranoia, hallucinations, or periods of apathy. Memory care is not interchangeable; some homes stand out with exit-seeking locals, others shine with those who are physically frail however socially oriented.

Two fast examples help sharpen the lens. A former engineer who enjoys tools may do well in a neighborhood that runs small-group workshops with safe, purposeful tasks. A retired instructor with meaningful aphasia needs staff who comprehend nonverbal cues and do not push for words during meals, when overwhelm peaks. When you tour, you are listening for these fits, not simply square footage.

## What quality memory care actually means

Marketing language typically blurs the distinction in between senior care in general and customized dementia care. Look past the mottos and request specifics on viewpoint and practice. A strong program is developed around foreseeable rhythms, skilled personnel, and flexible actions to habits changes.

Training is a beneficial proxy. Ask the number of hours of dementia-specific education personnel get at hire and every year. In many states, the regulatory minimum is modest, in some cases under 8 hours for onboarding and 4 to 12 hours each year. Communities that invest tend to provide 16 to 24 hr at hire plus refreshers on communication, de-escalation, and a person-centered approach. Ask who teaches it. A nurse educator or a credentialed dementia care professional signals more depth than a generic online module.

Staffing ratios tell just part of the story. You might hear numbers like one caregiver to 6 citizens in the day and one to 8 during the night. Ratios differ by state and skill level. What matters more is whether there is licensed nurse protection on-site or on-call, and whether there is consistent staffing by neighborhood so locals see familiar faces. Continuity lowers agitation and makes subtle health changes simpler to find. Ask how typically staff turn between memory care and the more comprehensive assisted living floors. High rotation typically associates with citizens being treated as tasks rather than individuals with histories and preferences.

Policies around habits matter too. A house that uses antipsychotics as a first-line fix for exit-seeking or sundowning is not practicing modern dementia care. Try to find non-pharmacologic strategies such as calm areas, music intervention, and structured activity before medication. When medications are needed, you desire a clear process with physician oversight and regular taper attempts.

## Clinical truths that form the fit

Alzheimer's illness is the most typical cause of dementia, but not the only one. Lewy body dementia, vascular dementia, frontotemporal dementia, and blended medical diagnoses appear with different patterns. If you are seeing visual hallucinations, changing alertness, or REM sleep condition, staff require experience with Lewy body. If speech and impulse control are the difficulties, frontotemporal dementia needs an environment that can tolerate challenging minutes without punitive responses.



Comorbidities include complexity. Heart conditions, COPD, persistent kidney illness, and insulin-dependent diabetes call for tighter nursing oversight and dependable coordination with outside clinicians. Neighborhoods manage medication management differently. Some pull blister packs from a contracted pharmacy and administer on a schedule; others allow family-supplied meds, with tighter documents. Both can work, but the system must be reputable. I try to find single-dose packaging, electronic med administration records, and a nurse who can explain how they manage refused medications, missed out on doses, and adverse effects tracking.

Hospice and palliative services are worth inquiring about early, even if you do not need them yet. Lots of memory care homeowners ultimately gain from hospice for symptom management and additional assistance. You desire a community that partners smoothly, not one that deals with hospice as an inconvenience.

## **Safe, calm, and navigable spaces**

You can tell a lot about a memory care area by how residents utilize the space. Look for clear sightlines, short hallways, and visual hints that aid with orientation. Soft, indirect lighting makes a useful distinction in late afternoon when glare and shadows can trigger misperceptions. Handrails need to be constant and easy to grip. Bathrooms that can be gotten in from two sides decrease congestion during morning [memory care](#) care, and shower rooms need to be warm and well lit to lessen resistance.

Wandering is not inherently dangerous. Hazardous roaming is. Controlled exits, unobtrusive door alarms, and protected outside yards permit movement without danger. I like to see at least one looped strolling path indoors with resting areas every 30 to 40 feet. Seating should be durable and differed in height. If you discover chairs that look good but slide on tile or tuck under too securely for an individual with minimal depth understanding, the area was developed for staging pictures, not people.

Kitchens and dining-room should have attention. Family-style plating, supportive utensils, and smaller dining-room lower overwhelm. If you observe a meal, enjoy whether staff sit at eye level and hint subtly, or whether they tower above residents and rush. You can feel the difference.


## **Life enrichment that appreciates adulthood**

Activities matter, however not calendars stuffed with generic crafts. Real engagement originates from matching staying capabilities to significant jobs. A great program balances little groups with individually time, and it runs seven days a week, not just on weekdays. Early morning regimens might consist of coffee-and-headlines for those who like structure, while afternoons may lean into music, walks, and sensory stations to help with sundowning.

One home I deal with keeps a shadowbox outside each space with pictures and objects from a resident's life. Staff utilize it as a conversation bridge during transitions. Another set up a peaceful hobby nook with bolts, washers, and sanded wood blocks. Homeowners who fidget or select at clothing often settle into rhythmic sorting. These are not childlike jobs; they are purposeful, tuned to cognition and motor skills. Ask to see care plans that tie a resident's history to their everyday schedule. If the strategy is a generic design template, anticipate generic days.

## **Leadership, guidance, and the night shift**

The finest memory care floorings have leaders who appear. Does the nurse or program director walk the system a number of times a day, or are they buried in an office? Ask how often care conferences are held and who participates in. A robust meeting consists of the nurse, a care assistant who really works with your loved one, the life enrichment lead, and, when required, the dining or therapy team. If you hear that care conferences are done by phone with generic notes, it is harder to move the needle on useful concerns like bathing refusals or weight loss.



# GROUNDBREAKING

Join us for a groundbreaking to celebrate the expansion of  
**BeeHive Homes of Crownridge Assisted Living!**

BeeHive Homes of Crownridge offers the finest assisted living experience in a comfortable homelike setting. Residents enjoy their own private room and 3/4 bathroom, home-cooked meals, fun activities, and beautiful Hill Country surroundings with great views and abundant wildlife. Their staff is attentive and provides care and assistance in a loving and respectful manner.

They are excited to celebrate the groundbreaking of a new 24-bed assisted living facility at their senior living village in Crownridge!

**Date and Time:** Tuesday Apr 8, 2025 -- 1:30 PM - 2:00 PM CDT

**Location:** BeeHive Homes of Crownridge Assisted Living  
 6919 Camp Bullis Rd, San Antonio, TX 78256

**\*Parking Info:** Guests are asked to park at the Crownridge Banquet Hall, which is located just before BeeHive Homes of Crownridge Assisted Living, on the east side. Event parking signs will be out!

**QUALITY ASSISTED LIVING  
 IN A HOMELIKE SETTING**

Overnight care is where excellent programs differentiate themselves. Nights are when delirium, respiratory issues, and stress and anxiety rise. There must be awake staff all night, with clear rounding schedules and paperwork. If there is no certified nurse on-site, ask how the community deals with a fall, a blood sugar of 45, or an acute modification in breathing at 2 a.m. One building I respect keeps a concentrated emergency set on the unit and trains all personnel quarterly on first response while waiting for EMS. That sort of preparation hardly ever appears in brochures.

## Costs, agreements, and what "all inclusive" truly means

Sticker shock is normal. Throughout the United States, month-to-month rates for memory care frequently vary from the low \$5,000 s to over \$10,000, depending on place and acuity. Rates models differ. Some neighborhoods use levels of care, with base lease plus tiered charges for assistance. Others promise an all-inclusive rate, which sounds soothing till you learn what sits outside that umbrella: incontinence materials, cable, escorts to medical consultations, or habits management plans.

Expect an annual increase, typically 3 to 8 percent, in some cases more. Clarify how increases are interacted and whether there are caps. Move-in charges are common, typically a one-time charge that covers preliminary evaluation and setup. If you are thinking about respite care as a trial stay, ask if the everyday rate can be credited towards the first month if you transform to a permanent move.

For households planning ahead to Medicaid, timing is delicate. Some memory care residences are private pay only. Others accept Medicaid however have long waitlists or limit the number of Medicaid beds. If veterans benefits might use, a local Veterans Service Officer can estimate eligibility for Aid and Presence, which can balance out several hundred to more than a thousand dollars per month.

A short guide to the cash discussion can assist you cut through jargon.

- What precisely is consisted of in the base rate, and what are the typical add-on charges over the very first year?
- How are care levels identified, and who decides to move someone to a higher level?
- What is the present average out-of-pocket expense for citizens with requirements similar to my loved one's?
- If behavior assistance or one-to-one supervision is required, how is that billed, and for how long?
- Do you accept Medicaid after a private-pay period, and if so, the length of time is that period and are Medicaid areas guaranteed?

## How to tour with your eyes and ears open

Call at least two houses and schedule trips at various times of day. Strategy one during a meal, another in late afternoon, when sundowning can evaluate a program's guts. When you show up, do not just follow the route the sales director recommends. Ask to stroll the memory care flooring, peek into typical spaces, and, if suitable, observe an activity for a couple of minutes.

Use a compact checklist to arrange what you notice.

- Staff talk to residents by name, wait on eye contact, and kneel or sit to be at their level.
- Hallways and typical spaces feel calm, with purposeful sound, not roaring televisions.
- You see locals doing things other than sitting: folding towels, watering plants, strolling with staff.
- Odors are neutral; if you catch a strong odor, check once again 15 minutes later to rule out a transient issue.
- Call lights or movement sensors do not sound for long; personnel respond within a couple of minutes.

Go with your impulses, however back them with concerns. If the tour path avoids a wing or the director dismisses concerns with vague peace of minds, keep penetrating. I once visited a structure with glossy art on the walls and a best courtyard. The dining room looked staged. In the hall, I saw a resident trying to open a locked door, no staff in sight. After 3 minutes, a care assistant hurried over, winded. Too couple of individuals for a lot of citizens. We passed.

## Respite care as a low-risk trial

A short respite stay can be a wise way to test the fit. Numerous communities use one to 4 weeks of respite care in a furnished suite, with full access to memory care programs. Households frequently utilize respite during a caretaker's travel or healing from surgery, however it also works as a realistic sneak peek of how a loved one will settle. Personnel can observe sleep patterns, medication tolerance, and sets off without the pressure of a long-term move. You find out whether your individual warms to the dining room or resists communal areas, and you can change the plan accordingly.

If you try respite, pack familiar bedding, label clothes, and bring a few personal items that can trigger acknowledgment: a baseball cap, a framed wedding event image, a favorite cardigan. Provide a simple profile card with key truths and soothing strategies. The team will use it more than you expect.

## Communication, permission, and family involvement

Memory care goes best when families and staff serve as partners. Ask how the community interacts routine updates and urgent changes. Some utilize safe and secure apps with daily notes and pictures, which can be valuable for remote relatives. Others count on weekly calls or email summaries. The more complex your loved one's requirements, the more you want direct lines to the nurse and the program director, not simply a general voicemail.

Documents matter. Make sure health care proxies, powers of attorney, and advance regulations remain in place and on file. If numerous siblings share decision-making, clarify who can provide day-to-day authorization for medication modifications or medical facility transfers. Disagreements sluggish care at the worst moments.

Look for a household council or routine education nights. Excellent neighborhoods invite households to discover dementia care strategies, not just attend vacation celebrations. If the building tolerates family drop-ins at diverse hours and welcomes you at meals or activities, it is much easier to remain connected without hovering.

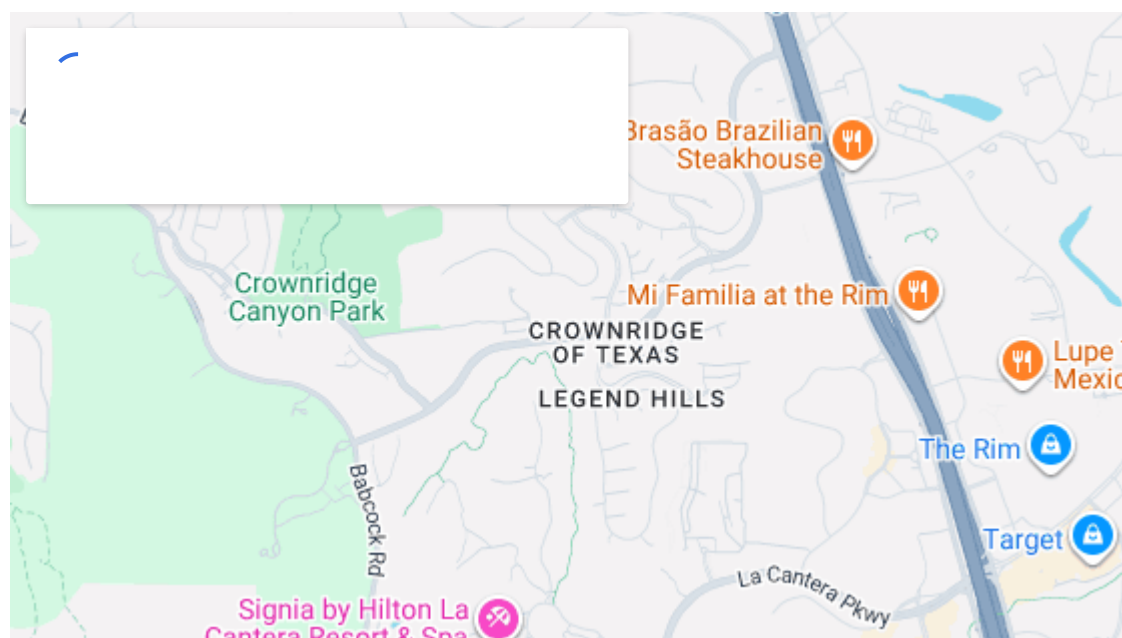
## Red flags worth heeding

No single concern disqualifies a residence, but a cluster of patterns need to offer you pause. High staff turnover over many months frequently spills into care spaces. If you hear three different variations of the medication process from three people, the system is vulnerable. Expect a punitive tone about locals. Expressions like "they're hard" or "we do not do that here" signal rigidity.

Be cautious of neighborhoods that assure they can handle any habits. No house can, and honest leaders will describe their limits for outside psychiatric consults, short-term one-to-ones, or medical facility assessments. Openness about limitations generally associates with much better everyday issue solving.

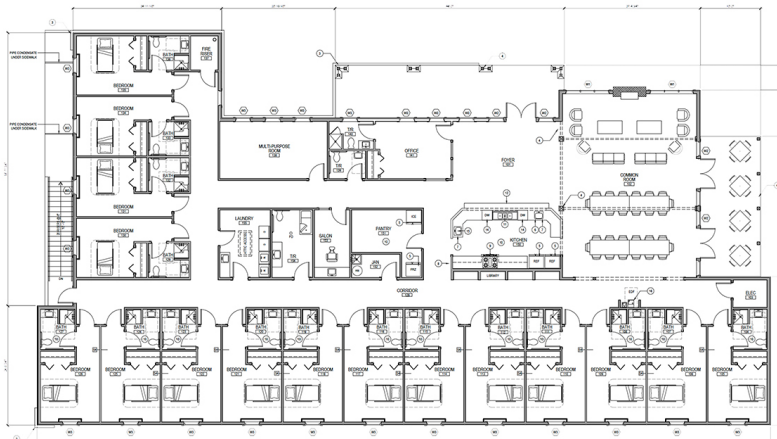
## Moving day and the very first thirty days

Moves are difficult for people with dementia. Plan for a morning arrival when possible, so your loved one can settle before night. Keep the environment calm. A lot of relative in the space can overwhelm. Let personnel lead, and march if your existence escalates distress. Place recognizable products in sight: the afghan at the foot of the bed, slippers by the chair, family images at eye level.



Expect a period of change. Appetite may dip for a week or more. Sleep might be unpredictable. Some citizens test borders or try to leave. This does not mean the positioning is wrong. It does indicate the group needs to meet early to compare notes and adapt. Two examples from recent relocations: one resident stopped eating lunch till the kitchen offered smaller, more frequent snacks with finger foods. Another became combative at showers, which enhanced after moving bath time to mid-morning with warmer rooms and a preferred playlist.

Ask for a 30-day care conference. Review weight, state of mind, engagement, and any events. Agree on objectives for the next month. Keep communication succinct and factual. If you are not getting updates, demand a weekly check-in require the very first 6 weeks.



## Floorplan

### **A short case from practice**

Mr. R, 82, a former mail carrier with blended Alzheimer's and vascular dementia, lived with his kid. He roamed during the night and resisted bathing, but liked coffee and morning walks. 2 trips left the son cold. The very first had a vibrant calendar but felt loud and quick. The second was quiet, however the structure given off disinfectant and locals sat facing a TV.

They attempted a two-week respite care stay at a third house with a small, light-filled memory care unit. The director scheduled Mr. R for a morning walking group and seated him with two men who had been tradespeople. Personnel discovered to cue showers by handing him a warm towel and mentioning an early morning path, which anchored him in a familiar regimen. After day 9, his sleep combined. The boy felt relief for the first time in a year. They converted to permanent residency, and the neighborhood folded hospice in gracefully 18 months later when his cardiac arrest advanced. This was not a perfect run. He fell twice without injury and had a brief health center stay for pneumonia. What mattered was the group's responsiveness and the constant fit with his habits.

### **When a greater level of care is right**

Some homeowners ultimately need proficient nursing or a devoted behavioral health setting. Indications consist of unchecked aggressiveness that puts others at danger, extreme swallowing concerns requiring constant skilled oversight, complex injury care, or regular hospitalizations that outstrip the home's nursing capacity. A trustworthy memory care neighborhood will assist you assess the move and coordinate handoffs with precise records and practical assistance about what to expect next. Moving is hard, however the best environment at the right time lowers suffering.

### **Final ideas and a practical path forward**

You do not need to resolve everything today. Go for a step-by-step process that stabilizes head and heart. Start with clearness about your loved one's requirements and choices. Narrow to 3 memory care choices that differ in size or approach. Visit a minimum of twice, consisting of one mealtime. Ask pointed concerns about staffing, training, clinical oversight, and costs. Consider respite care as a trial if you are not sure. When you pick, support the shift with familiar products, easy regimens, and constant communication.

Most households discover that excellent memory care is not about facilities. It has to do with staff who understand that your dad consumes better if he hears Ella Fitzgerald, or that your mom softens when inquired

about her garden. It has to do with routines that seem like life, not a schedule. And it is about having partners who can browse the unpredictable roadway of dementia care with perseverance, skill, and respect.

BeeHive Homes of Crownridge Assisted Living has license number of 307787

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

BeeHive Homes of Crownridge Assisted Living has capacity of 16 residents

BeeHive Homes of Crownridge Assisted Living offers private rooms

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

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

BeeHive Homes of Crownridge Assisted Living provides medication management

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

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

BeeHive Homes of Crownridge Assisted Living supports seniors seeking independence

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

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

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

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

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

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

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BeeHive Homes of Crownridge Assisted Living 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 BeeHive Homes 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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## **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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BeeHive Homes of Crownridge Assisted Living & Memory Care is conveniently located at 6919 Camp Bullis Rd, San Antonio, TX 78256. You can easily find directions on [Google Maps](#) or call at [\(210\) 874-5996](tel:(210)874-5996) Monday through Sunday 9am to 5pm.

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

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BeeHive Homes of Crownridge Assisted Living & Memory Care is just a short drive away from The Shops at La Cantera a major shopping & dining center in the area. Offering convenient shopping and dining options ideal for senior care families looking for easy-access retail and respite care outings. [San Antonio Texas](#).