

**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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Walk into an excellent small assisted living home on a normal weekday and you will normally observe three things before anybody states a word. The noise level is low however not quiet. Somebody is cooking or reheating something that smells like genuine food, not a tray line. And a minimum of one staff member is not behind a desk, but at a shoulder, an elbow, or a cooking area table, talking with an older adult as if they have actually known each other for years.

That texture of every day life is what families suggest when they state they desire "hands-on" senior care. They are not requesting for luxury. They are requesting for attention, continuity, and enough human presence to trust that a parent will not be left alone when it matters.

Small assisted living homes, often known as residential care homes, board-and-care homes, or group homes, can be a strong response to that request when they are done well. They are not the ideal fit for everyone, and they are not automatically more caring than larger buildings, but their scale gives them tools that huge residential or commercial properties struggle to use.

This short article looks inside those smaller environments and examines how compassion in fact appears in everyday elderly care, how respite care fits in, and what trade-offs households need to comprehend before choosing a home.

## What "small" assisted living actually means

The term "small assisted living" covers numerous designs. In practice, it typically means homes with 4 to 16 citizens residing in what looks more like a home than a hotel.

Regulations differ by state or province. Some jurisdictions certify these homes individually from big assisted living communities, with different staffing rules or service limitations. Others treat them under the same umbrella, despite the fact that the lived experience is different.

The physical environment tends to share specific characteristics:

Residents frequently have private or semi-private bed rooms rather than apartment-style suites. Commons locations look like a living room and family-style dining space. The cooking area is more main, and meals are prepared closer to serving time, in some cases by the exact same personnel who assist with bathing and medication.

The small scale is not automatically a benefit. A confined, badly lit home is still a cramped, inadequately lit home. The benefit comes when the modest size supports closer relationships, much shorter response times, and a more flexible rhythm of care.

In my experience, the greatest small homes are really clear about what they can and can not do. A six-bed home with 2 staff on days and one awake overnight can manage lots of assisted living needs: help with dressing, showers, incontinence care, medication management, cueing for memory loss, and light movement support. That very same home might not be safe for a person who has duplicated aggressive outbursts or who requires 2 people and a mechanical lift for each transfer.

The most thoughtful operators state no when they can not fulfill a need, even if that means losing a complete room.

## **Why size changes the feel of care**

Compassion in elderly care is not a slogan. It is a set of behaviors that can be noticed, timed, and even quantified.

One method to comprehend the distinction between small assisted living homes and bigger structures is to think about the number of individuals an employee need to keep in mind at once. In a 60-resident neighborhood, an aide on a morning shift may have 10 to 14 individuals on their assignment. In a small home with 8 locals and 2 assistants, that caseload drops to 4.

On paper, that looks like time. In real life, it appears like:

A staff member seeing that Mrs. S is slower to stand today and calling the nurse to look for a urinary system infection. Somebody keeping in mind that Mr. K's child stated he had a fall at home in 2015, and seeing more carefully on the stairs. A caretaker who understands that if they provide Ms. R a couple of additional minutes after waking, she will be far less agitated during her shower.

Those are examples of "relational understanding," the small private details that build up when the same individuals look after one another day after day. The smaller the home, the less frequently tasks change and the much easier it is for staff to hold that understanding in their heads, not just in a chart.

Families feel this when they call. In many small homes, the individual who answers the phone has seen their parent within the last 30 minutes. They can say, "He ate more breakfast than typical today" or "She went outside with us this afternoon." That immediacy provides households a sense of mental security, specifically when they can not visit as typically as they would like.

Of course, small size does not fix understaffing, burnout, or poor training. A six-bed home with one distracted caregiver who spends the evening in the back office can feel more neglectful than a hectic 80-unit structure with visible activity and oversight. Scale produces possibilities, not guarantees.

## **A day in a high-touch small home**

The clearest way to understand hands-on care is to stroll through a normal day.

Morning usually starts earlier than families anticipate. Lots of older grownups wake in between 5 and 7 a.m., especially those with discomfort, dementia, or enduring regimens from working life. In a strong small assisted living home, staff stagger wake-ups based upon individual choice. Someone who always liked to oversleep may be the last to increase and eat brunch at 10. Another person, a previous farmer, may be in a chair with coffee by 6:30.

Hands-on care shows in pacing. Instead of hurrying eight people through showers before a set breakfast window, personnel may spread out bathing over the early morning and early afternoon, matching everyone's energy level with a calmer time on the schedule. An assistant might rest on the bed, talk through the day, give extra time for stiff joints, and adjust clothing options to weather and mood.

Meals are frequently where small homes shine. Since there are fewer individuals, the kitchen can adjust quickly. If a resident shows less cravings at breakfast, personnel may use a late-morning snack, add a favorite yogurt, or heat up remaining pancakes when the state of mind strikes. That flexibility can make a genuine difference in keeping weight and avoiding dehydration, particularly for people with amnesia who need frequent prompts.

Medication rounds feel various in a small home as well. The employee passing medications generally understands who needs their pills tucked in applesauce, who prefers to see each tablet clearly, and who is likely to conceal a tablet under their tongue. That knowledge reduces rejections and errors.

Afternoons tend to be quieter. Some locals nap. Others view television, read, or sit outdoors. This is where a small environment either shows its strength or its weakness. With so couple of people, monotony can sneak in if staff rely only on group activities. Residences that do this well build tiny minutes of engagement: folding laundry together, slicing vegetables for supper, taking a look at old image albums individually, or watering plants.

Evenings are typically the hardest part of the day in dementia care. Confusion and agitation can surge, a pattern known as "sundowning." In a small home with a foreseeable, calm regimen, personnel can dim the lights, put on familiar music, and move locals into cozier spaces instead of large, echoing spaces. That environment is not a treatment, however it often reduces the volume of distress.

Throughout all of this, hands-on care indicates touching with intention, not simply performance. A caretaker may hold a hand throughout a blood pressure check, tell someone briefly what they are doing at each step of incontinence care, or sit for an extra minute after assisting somebody onto the toilet so the individual does not feel hurried. Those small pauses communicate self-respect more than any framed mission statement.

## **Where respite care suits small homes**

Respite care, short-term stays that offer household caretakers a break, can be especially effective in small assisted living settings. When used thoughtfully, respite introduces an older grownup and their household to a home before an irreversible relocation is needed.

Families typically get to respite exhausted. A daughter may have been offering round-the-clock senior take care of a parent with advancing dementia. A partner might require surgery and can not safely lift or monitor their partner throughout their own recovery. In these scenarios, a small home can offer something more personal than a visitor room in a large community.

The advantages are practical. Short stays of one to 4 weeks in a home with 6 or eight locals allow staff to discover an individual's practices rapidly. If the individual later returns for long-lasting elderly care, those notes about preferred foods, sleep patterns, or triggers for agitation are currently in location. The older adult, in turn, is not walking into a totally unknown environment.

However, not every small home deals respite. With so couple of rooms, keeping a bed open for brief stays can be financially dangerous. Some homes maintain a "swing room" that alternates between respite and hospice usage, while others accept respite only when they have a natural vacancy. Families looking for this alternative should start early and expect that precise dates may be less flexible than in large structures with numerous empty units.

From an empathy viewpoint, the essential question is whether respite citizens are dealt with as full members of the household, or as momentary visitors. In my view, the strongest homes present respite visitors to everyone, include them at meals and activities, and invest the exact same energy in their grooming, routines, and choices as they provide for permanent homeowners. Anything less feels transactional.

## **Staffing: the genuine engine of hands-on care**

Every pamphlet for senior care will speak about compassion. The truth appears on the staffing schedule.

In a strong small assisted living home, daytime staffing typically appears like one caregiver for every 3 to 5 locals, often supplemented by a nurse visit or an on-call nurse through a company. Overnight staffing might drop to one awake individual for the whole home, occasionally supported by a live-in team member sleeping nearby.

Those ratios, when filled by trained, steady personnel, make real hands-on care possible. A caretaker can take 20 minutes for a shower instead of 8. They can hang out trying various methods when somebody declines care, instead of simply recording "resident declined."

Training is where small homes sometimes battle. Large communities generally have business education departments, standardized modules, and clear career paths. A stand-alone care home might depend on the owner's knowledge and whatever external classes they can afford. The very best owners compensate by investing greatly in on-the-job mentoring. They work shoulder to carry with new personnel for weeks, designing how to talk with homeowners, manage dementia habits, and notification subtle health changes.

Burnout is the peaceful enemy of hands-on care. In a small home, if one crucial caretaker stops or becomes ill, the psychological and practical impact is massive. Homeowners feel the absence immediately. Remaining staff must soak up additional work. To handle this, responsible operators limit obligatory overtime, work with relief personnel even when margins are thin, and build relationships with hospice and home health agencies so some tasks can be shared.

Families sometimes presume that a small home will seem like an extension of their own household. That can be real, however it is unfair to anticipate personnel to replace all the love, persistence, and memory that relatives bring. Healthy plans acknowledge that staff are experts. Compassion becomes part of their work, and they should have pay, time off, and regard that reflects the emotional load of that work.

## **Trade-offs: what small homes can not easily provide**

It is appealing to paint small assisted living homes as the ideal response to every challenge in elderly care. Truth is more nuanced.



First, medical intricacy matters. A frail older adult with controlled persistent health problems can do effectively in a small setting. Someone who requires frequent IV treatments, daily breathing therapy, or rapid-response medical interventions might be safer in a community with on-site nursing 24 hr a day or in a nursing facility.

Second, specialized dementia support differs. Some small homes excel at dementia care, using calm routines, individualized interaction, and safe backyards or patio areas. Others have neither the staff numbers nor the training to manage extreme roaming, sexually disinhibited behaviors, or repeated physical aggression. Households need to ask straight how the home handles these situations and how often they have actually needed to release somebody for behavior.

Third, social range is restricted. Some older grownups prosper in a small, stable group and find big activities frustrating. Others delight in more stimulation, clubs, trips, and the opportunity to fulfill brand-new individuals routinely. A home with 6 locals can not provide the same calendar as a 100-unit community with a full-time activities director. The key is match. A shy previous instructor who likes peaceful individually conversations might grow where a more extroverted individual feels cooped up.

Finally, small homes are vulnerable to ownership quality. With no corporate parent to implement standards, the owner's ethics, monetary discipline, and individual durability are front and center. I have seen impressive owner-operators who respond to the phone at midnight, been available in on holidays, and know each resident's grandchild by name. I have likewise seen inadequately run homes where costs go unsettled, personnel turnover is consistent, and homeowners experience avoidable disregard. Going to face to face and trusting what you observe remains essential.

## **Small vs big: the practical differences households notice**

For households comparing small assisted living homes with bigger centers, it helps to look beyond marketing language and concentrate on real daily experiences.

Here are some differences that frequently emerge:

### 1. Response time to needs

In a small home, the range in between a bed room and the nearby caregiver is usually brief, and staff can hear somebody calling out from many parts of your home. In a big structure, reaction depends greatly on call systems, project size, and staffing on that particular shift.

### 2. Consistency of relationships

Locals in small homes tend to see the very same 2 to 5 caretakers most days. That stability can be soothing, specifically for individuals with dementia who depend on familiar faces. Larger buildings sometimes turn staff more regularly among floorings or wings.

### 3. Flexibility of routines

It is much easier for a small home to change shower days, meal times, or bedtime to individual preferences, due to the fact that there are fewer people to collaborate. Big communities, by requirement, rely more on repaired schedules to keep operations manageable.

### 4. Visibility of leadership



In lots of small homes, the owner or administrator is on-site often, not just during organization hours. Families can often talk with a decision-maker directly. In large residential or commercial properties, management might oversee numerous departments and be less offered daily.

### 5. Access to amenities

Large neighborhoods normally have more formal amenities: gyms, theaters, beauty salons, chapels. Small homes trade that scale for a more intimate setting. Some households value the facilities highly; others care more about the texture of everyday interactions.

No single model wins on every point. The ideal option depends upon the older adult's character, health status, finances, and the household's expectations.



## How to examine hands-on care when you visit

Touring a small assisted living home is less about the paint color and more about the energy between people. A home can be modest and still provide excellent care; it can likewise be wonderfully provided and mentally cold.

During a visit, enjoy how personnel and homeowners interact when they are not "on show." Listen for how names are utilized. Do staff introduce locals to you, or talk over them? Does anyone laugh together, or does the environment feel tense?

It can assist to bring a list of concentrated questions so you do not forget key subjects in the moment.

Here are useful questions families frequently find beneficial:

1. "Who will actually be looking after my parent everyday, and what training do they have?"
2. "The number of homeowners are here, and the number of personnel are on duty throughout days, nights, and nights?"
3. "Inform me about a recent circumstance where a resident's condition changed rapidly. What took place and how did you manage it?"
4. "What kinds of habits or care requirements would make you state this home is no longer a safe fit?"
5. "Do you offer respite care, and have any short-stay visitors later moved in permanently?"

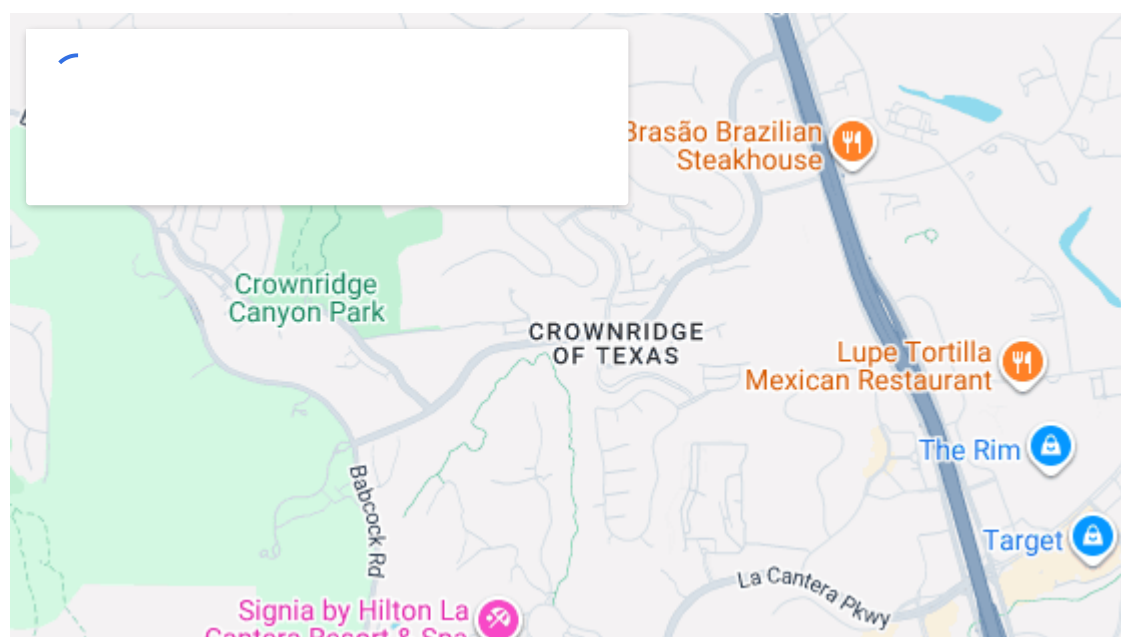
The specifics of their responses matter less than whether the responses are clear, candid, and consistent with what you see around you. Unclear guarantees without examples must be a caution sign.

If possible, visit at different times of day. Late afternoon and early night are particularly informing, since staffing dips and tiredness increase. That is when rushed or thin care shows itself.

## Working with the home as a true partner

Even the most mindful small home can not replace the distinct function of family. The very best outcomes happen when relatives, citizens, and personnel see themselves as a care group instead of as different sides of a contract.

From the family side, this implies sharing in-depth history. What calms your mother when she is scared? Which music did your father love? How did your aunt take her coffee for the last 40 years? These might seem like small details, but in a small home, they are precisely the tools personnel usage to convenience, redirect, and connect.



It likewise means setting realistic expectations. Staff can not call each kid every day, however they can send out a fast text one or two times a week, or upgrade a shared note pad in the resident's space. Households who visit and engage respectfully with staff, ask how shifts are going, and state thank you for particular acts of generosity tend to build stronger partnerships.

From the home's side, compassion in practice suggests transparent communication, especially when things go wrong. Falls will still take place. A precious caretaker might stop or move away. Health problem can sweep through even the cleanest home. What differentiates a reliable operator is how rapidly they inform families, how they discuss choices, and how they invite families into care-plan changes.

## **When small is the ideal type of big**

Assisted living, in any kind, is about helping older grownups maintain as much autonomy and convenience as possible while remaining safe. Small homes approach that goal through intimacy rather than scale.

For some people, that intimacy feels like a town. A retired mechanic who never liked crowds may find it simpler to navigate a single-story house than a multi-wing campus. An individual with advanced dementia may feel less overwhelmed by a handful of faces and a short hallway. A partner providing everyday care at home may lastly sleep through the night throughout a respite stay, understanding their partner is just a few actions away from a caregiver.

For others, the exact same intimacy can feel confining. A former executive used to a large social circle might choose the bustle of a bigger neighborhood, even if that indicates a more structured regimen. Someone who loves organized getaways, classes, and events may discover a small home too quiet.

The central question is not "Which type is better?" but "Which setting gives this particular person the best [assisted living](#) possibility at a dignified, appealing, and safe life today?"

Compassion in practice is not a soft principle. It is the hand at an elbow on a slippery restroom flooring, the client repeating of an answer to the exact same question ten times in an hour, the willingness to learn that Mr. L consumes much better if his peas do not touch his potatoes. Small assisted living homes, at their best, are developed to make that level of attention feel ordinary.

For families navigating senior care choices, it deserves stepping past the glossy photos and asking to see what happens in the in-between minutes. That is where you will discover the kind of hands-on care that lets both citizens and relatives breathe a little easier.

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

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?**

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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**

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

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Residents may take a nice evening stroll through [La Villita Historic Village](#) — a historic arts community in downtown San Antonio featuring art galleries, artisan shops, and restaurants.