

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 usually start believing seriously about senior care after a scare. A fall. A medication mix up. A baffled nighttime roam. I have sat at kitchen tables with daughters, boys, and spouses who thought they were only a year or two away from requiring help, then unexpectedly realized the timeline had already arrived.

What lots of do not recognize at first is how different one assisted living setting can be from another. On paper, two communities can provide the same services and satisfy the exact same regulations, yet the everyday experience for an older grownup can feel totally different. One of the most essential differences is size.

Smaller senior residences, frequently called residential care homes, board and care homes, or shop assisted living, seldom spend cash on glossy advertising. They sit quietly in areas, often accredited for 6 to 20 locals, in some cases somewhat bigger but still intimate. Throughout the years, I have enjoyed many households discover, frequently with relief, that these smaller homes can deliver safer and more [assisted living in san antonio tx](#) attentive elderly care than huge centers, specifically for those who are frail, nervous, or quickly overwhelmed.

This is not a universal rule. Big neighborhoods have their strengths too. However the structural advantages of small homes are really genuine, and worth understanding before you select a setting for somebody you love.

What "Small" Truly Means in Senior Care

There is no single legal definition of a small senior home. The terms and licensing classifications vary by state or country, but in practice, "small" usually implies a few things at once.

The building itself often appears like a big house instead of an organization. Hallways are much shorter. Dining rooms and living rooms are shared by everybody. Staff can stand in one area and see or hear the majority of what is happening.

The number of homeowners remains low. A normal residential care home in the United States might take care of 6 to 10 people. Some go up to 16 or 20 and still function as a tight-knit community. When the census sneaks above 40 or 50 citizens, it becomes very hard to maintain the exact same level of day to day familiarity.

Staffing patterns focus on generalists instead of silos. In a large assisted living complex, the caretaker assisting Mom dress in the morning may never as soon as step into the kitchen area. In a small home, the aide who aids with bathing may also carry in groceries, set the table, or sit to share a cup of tea after lunch. That overlap matters for safety and psychological security.

So when we speak about small senior houses, we are actually explaining a cluster of features. Modest size. Home like layout. Restricted resident count. Overlapping personnel functions. These structural choices straight affect how securely and diligently elderly care can be delivered.

Visibility, Distance, and Actual Time Awareness

One of the greatest safety benefits of a small home is basic visibility. Not the video surveillance kind, but the direct human sort.

In a multi story building with long corridors, a resident can get in a space, close a door, and stay unseen for hours unless personnel are fanatical about rounds. Even persistent caretakers can fight with this, since the physical environment works versus them. You can just remain in one hallway at a time.

In compact residences, the opposite holds true. Staff routinely inform me, "If Mr. G does not enter into the kitchen area by 8:30, we just go examine him. He is constantly here by then." The building layout allows caregivers to see subtle modifications that would disappear in a larger space: a resident avoiding her normal card video game, another gazing at his plate when he generally eats with interest, someone suddenly needing the wall for assistance on the way to the bathroom.

Those small deviations are frequently the very first tips of a urinary tract infection, a medication adverse effects, a developing depression, or an early breathing disease. Capturing them early is among the most effective ways to keep older grownups out of emergency situation rooms.

In my experience, three useful dynamics make this possible in small senior homes:

1. Staff do not have to stroll half a mile of corridors to look at someone. The time expense of regular check ins is lower, so the checks really happen.
2. There are fewer locals to track mentally. When a caregiver is responsible for 5 or 6 people rather of 15 or 20, they can carry a clearer "baseline" image of each person in their head.
3. Shared spaces are truly shared. A small dining room or living space draws most residents together many times a day, where they are informally observed without it feeling clinical.

This kind of actual time awareness is a foundation for safer assisted living, whether somebody is there for long term senior care or short-term respite care.

Staff Ratios and What They Really Mean

Families frequently ask, "What is your staff to resident ratio?" It looks like an objective procedure. In practice, it is just part of the story, and it is regularly used as a marketing talking point instead of a meaningful indicator.

In a small residence, a 1 to 4 or 1 to 6 daytime ratio is not unusual. In the evening it might be 1 to 6 or 1 to 10, in some cases with an employee sleeping on site however quickly reachable. On paper, a bigger assisted living

facility may estimate similar ratios, especially during the day.

Where small homes pull ahead is not just in numbers, however in how the work flows.

In bigger buildings, caregivers invest a visible part of each shift strolling in between remote spaces, waiting for elevators, addressing call lights at the back of the corridor, or locating supplies from a central storage location. The ratio may look great, however a surprising amount of personnel time vaporizes into logistics.



By contrast, in a house with ten individuals under one roofing system and a single corridor, caregivers can put more of their energy into direct elderly care: actual hands on help, discussion, guidance, cueing, and reassurance. They are physically closer to the homeowners who need them.

There is likewise less churn of unfamiliar faces. Turnover in senior care is high all over, but small homes typically retain a core group of long term personnel. When you only have a lots people on the entire payroll, every departure hurts. Owners and supervisors know this and tend to invest more time in employing thoroughly and supporting staff members so they stay.

That connection is not simply pleasant. It is much safer. A caretaker who has actually understood Mrs. L for 3 years will observe the distinction in between her normal moderate forgetfulness and an abrupt, more major confusion. A brand-new hire who just satisfied her the other day may not catch it.

Care Jobs Do Not Get "Lost" as Easily

One of the quiet failures in big settings is the missed out on small job. Not the big things like medication delivery, which generally have multiple checks, but all the little assistances that keep an older adult stable.

The compression of space and regimens in a small residence makes it easier to get those things right.

If you serve breakfast at one long table and put coffee for each person yourself, you quickly observe that Mrs. K has barely touched her food for three days. If laundry is performed in a single on site washer and clothes dryer, the caretaker folding clothing will see that Mr. R has actually started having more nighttime accidents.

Because lots of jobs circulate through the very same couple of hands, patterns end up being noticeable. There is less fragmentation. The exact same individual who assists a resident shower may likewise aid with dressing, see the state of the closet, notification whether dentures are in or out, and later on view how that resident navigates the dining room. Tiny clues that something is altering collect in someone's awareness instead of being spread across 5 different personnel roles.

This is particularly essential for residents with complicated persistent conditions. Someone with Parkinson's illness, for example, might need adjustments in medication timing based upon how they move throughout the day. A small group that sees those changes up close can share observations with the nurse or doctor much more effectively.



Emotional Security and the Rate of Daily Life

Safety is not just about falls and medications. Emotional security matters simply as much, particularly for people dealing with dementia, stress and anxiety, or sensory overload.

Large buildings can be busy, bright, and loud. Hallways filled with strangers, overhead statements, large dining-room clattering with dishes, and constantly changing staff can all produce low grade tension. Some people grow on that energy. Many others shut down or end up being agitated.

Smaller senior residences naturally perform at a calmer pace. There are fewer people walking around, less background noise, and more chance for real, unhurried interactions. When you stroll into an excellent small home at 10:30 in the early morning, you often see a handful of residents at the cooking area table talking with a caregiver, somebody dozing in an armchair, music playing gently in the background. The environment feels more like a family home than an institution.

That emotional tone supports much better outcomes in numerous methods:

Residents with memory loss are less most likely to end up being overwhelmed or fearful. They discover the design rapidly and acknowledge the very same few faces.

Loneliness is more difficult to hide. With only eight or 10 locals, it is obvious when someone is withdrawing, and staff have more bandwidth to sit for ten minutes and draw them out.

Behavioral issues, like agitation or wandering, can frequently be managed with peace of mind and routine instead of medication. Familiar environments and foreseeable rhythms are potent tools in elderly care.

I keep in mind a woman with moderate dementia who had actually bounced in between two large assisted living communities in under a year. She grew increasingly paranoid, kept trying to go "home," and was near the point where her family was being informed she needed a locked memory care system. After moving to a small residential home with just six other citizens, her habits settled within weeks. Staff could carefully redirect her by saying, "Let us stroll to your space together," and because the corridor was brief and identifiable, she accepted the cue. Her need for antipsychotic medication dropped, therefore did her danger of falls.

How Small Houses Handle Medical and Behavioral Complexity

It is important not to romanticize small homes. They have limits, and a responsible operator will be honest about them.

Unlike skilled nursing centers, many small assisted living homes are not geared up to manage locals who need constant skilled nursing, feeding tubes, regular injections that need a nurse, or extremely unsteady medical conditions. Laws differ by jurisdiction, but in basic, residential care homes are created for individuals who require assist with daily activities, not extensive medical treatment.

That stated, numerous small homes excel at supporting citizens with moderate medical or behavioral complexity, as long as they can work closely with outdoors clinicians. For example:

An older adult handling diabetes might take advantage of constant meal timing, close monitoring of appetite, and prompt reporting of blood sugar level patterns to a checking out nurse practitioner.

Someone with mild to moderate dementia might do much better in a small, foreseeable environment, where staff can tailor hints and routines to their specific history and preferences.

A frail senior with several medications might be more secure when one or two familiar caregivers coordinate straight with the medical care physician, rather than a rotating cast of personnel passing messages through multiple layers.

Where I see issues is when families or referral sources treat a small home as a last hope for citizens with extreme aggressiveness or extremely intricate conditions that really go beyond the home's scope. An excellent operator will know when continuous guidance by licensed nurses or specialized behavioral staff is required. Pressing beyond those limits threatens both safety and staff morale.

When you examine a small home, it is fair to request for concrete examples of the type of citizens they care for effectively, and where they draw the line. Their answers need to include both what they can do and what they cannot.

The Role of Respite Care in Evaluating the Fit

One of the most powerful tools families neglect is respite care. A short stay of a week or a month can serve 2 purposes at the same time. It provides the primary caretaker a break, and it supplies a real world test of how well

a particular setting fits the older adult.

Small senior homes are particularly well fit to respite stays due to the fact that they can incorporate a beginner quickly into day-to-day routines. There are fewer names to find out, less spaces to get lost in, and a core group of caretakers who are present throughout numerous shifts.

I often suggest that families thinking about a relocation from home to assisted living set up an initial respite duration in a small home when possible. It allows concerns like these to be addressed with direct experience rather of guesswork:

Does your loved one consume better in a family design dining setting?

Do they respond well to the quieter rhythm and closer relationships?

Are personnel able to manage specific care tasks such as transfers, toileting, or dementia associated behaviors safely?

If the answer to most of those questions is yes, then transitioning to long-term house frequently feels less like a wrenching modification and more like continuing a relationship that currently exists.

Comparing Small Houses with Larger Communities

There is no universal "best" setting, only much better and worse matches for specific individuals at particular times. It can help to believe in regards to healthy criteria instead of absolutes.

Here is a basic, high level contrast that shows patterns I have seen repeatedly:

[Aspect]	[Small senior residence]	[Larger assisted living neighborhood]	
	-----	-----	
	-----	-----	Daily oversight
	[High, personal, continuous visibility]	[Variable, depends greatly on staffing and structure design]	Social environment
	[Intimate, familiar faces, lower stimulation]	[More comprehensive mix of people and activities, greater stimulation]	Activities and amenities
	[Basic, home based, more customized]	[Wider activity calendar, more formal facilities]	Personnel continuity
	[Less staff, more long term relationships]	[More personnel, higher turnover, less personal continuity]	Ability to absorb higher requirements
	[Often strong up to a point, then should refer elsewhere]	[In some cases more able to layer in services, but depends upon resources]	

When I sit with families, I often frame the option this way: If you had ten to fifteen years of older adult life ahead of you and were still fairly independent, a larger neighborhood with many activities and peer groups may appeal. If you are currently handling considerable frailty, memory loss, or anxiety, the security and attention of a smaller environment often ends up being far more essential than a huge activity calendar.

How Small Houses Deal with Families

One of the clearest distinctions households notice in small homes is the ease of communication.

You do not have to browse a hierarchy of receptionists, department heads, and voicemail boxes. You typically have a direct line to the owner or supervisor, and employee know you by name. When you contact us to ask how Dad is doing, the individual responding to the phone has probably seen him within the last hour.

This tight loop makes it simpler to respond rapidly when something changes. For instance, if a resident starts declining a particular medication due to nausea, caregivers can alert the household and doctor the very same day, often with specific observations: "She appears great an hour after breakfast, but around 11 she turns pale and holds her stomach." That level of detail supports much faster, more precise adjustments.

Family involvement likewise tends to integrate more naturally into everyday life. Coming by with a preferred dessert, participating in a small holiday gathering, sitting at the cooking area table during a visit - these are basic gestures, but they reinforce a sense of continuity between "home" and "care home" that many elders need.

There are trade offs. Some small residences have less official household education programming or support system, particularly compared to big senior care service providers that run numerous campuses. If you want structured classes on dementia or caregiver tension, you may require to seek them through community organizations or health systems. What you get rather is individualized, informal guidance from staff who know your relative exceptionally well.

Recognizing Quality in a Small Senior Residence

Not every small home is great, and scale alone does not guarantee safety or listening. I have actually walked into beautiful homes that felt tense and chaotic, and modest settings that delivered incredibly high quality elderly care.

When you visit or investigate a small home, think about a short checklist of concerns that exceed décor and pamphlets:

1. Do staff seem truly calm and unhurried, or do they look frenzied even with a small number of residents?
2. Can caretakers explain each resident's regimens, choices, and medical issues without continuously inspecting charts?
3. Is the physical environment organized so that homeowners can navigate quickly, with clear courses, available bathrooms, and very little clutter?
4. How are night shifts staffed, and what particular systems are in location for keeping track of citizens in between evening and morning?
5. When you ask about a current occurrence - a fall, an illness - can the operator describe what they discovered and what changed afterward?

The goal is to comprehend not only how the home looks on a great day, but how it responds when something fails. Every care setting has falls, diseases, and difficult habits. The difference in between average and exceptional senior care is what happens after those events.

When a Small Residence Is Not the Right Choice

Honesty about limits belongs to professionalism in elderly care. There are genuine circumstances where a small home, even a great one, is not the best answer.

If somebody requires constant tracking by certified nurses, regular intravenous medications, or extremely technical interventions, a skilled nursing facility or hospital based program is more appropriate.

If a resident has very unforeseeable or violent behaviors that put others at danger, they might require a specialized behavioral health setting with personnel trained and staffed particularly for that strength of need.

If an older grownup is uncommonly extroverted and deeply attached to group activities, clubs, and big gatherings, a tiny residential home may feel restricting or lonely, even if staff are kind and attentive.

Finally, budget plans matter. Small homes sit at many rate points, but in some markets, highly individualized assisted living in a small residence can cost as much as or more than a large neighborhood. Other times it is the more economical choice. Households require to weigh financial sustainability along with quality.

The secret is to match environment, requires, and resources as realistically as possible, not to chase an idealized image of care.

Bringing All of it Together

After years of walking families through options, I have actually come to see small senior homes as one of the most underappreciated choices in the continuum of senior care. They do not match every person or every stage of illness, however when they are well run and attentively matched, they provide a rare combination: safety rooted in distance and familiarity, and listening built into daily life instead of layered on as an extra.

Whether you are thinking about long term assisted living or short-term respite care, it deserves stepping beyond the big, branded communities and checking out a couple of small homes tucked into residential communities. Listen not just to the marketing pitch, however to the noises in the background, the rhythm of the day, the method citizens respond when a caretaker strolls into the room.

The technical parts of care - medication management, bathing assistance, fall avoidance strategies - matter a lot. Yet in practice, the most powerful protectors of an older adult's safety are frequently a familiar voice, a watchful eye at the ideal moment, and a day-to-day environment created on a human scale. Small senior houses, when they are done well, stand out at supplying exactly that.

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?

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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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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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