

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 seldom start investigating senior care on a calm Tuesday with plenty of time to think. More frequently, the search begins after a fall, a hospitalization, or a slow realization that life is becoming harder than it needs to be. The terms sound similar, the sales brochures all look assuring, yet the distinctions in between assisted living, independent living, nursing homes, and even respite care are significant and can impact safety, cost, dignity, and quality of life.

I have sat with families around cooking area tables where brother or sisters argued over what "self-reliance" really indicated for their father. I have actually seen citizens flourish when relocated to the best level of care a few months earlier than they desired. I have also seen the damage when someone remains in the wrong setting merely since nobody wished to have a hard conversation.



This guide is indicated to assist you translate the options, understand the real trade-offs, and acknowledge when each type of senior care makes sense.

Starting with the person, not the building

Before you compare structure types, start with the real person: their regimens, health conditions, character, and preferences. The very same building can be a perfect fit for a single person and a miserable mismatch for another.

Three questions guide most great choices in elderly care:

1. What does a common day appear like now, and where are the discomfort points or safety risks?
2. What medical or cognitive conditions exist today, and how stable are they?
3. How most likely is modification in the next one to 3 years, and how fast might things deteriorate?

A proud, extremely social 80-year-old with arthritis who manages medications well is a various case than a 78-year-old with mild dementia who lives alone and sometimes forgets the stove. Both might state, "I'm fine in the house," however their danger profiles are not the same.



Only as soon as you have a clear image of the person does the terminology of independent living, assisted living, and nursing homes become useful.

Independent living: freedom with a safety net

Independent living communities are developed for older adults who can handle most or all activities of daily living by themselves, but who want less home maintenance and more social contact. They typically look like apartment building, condos, or homes clustered around shared dining and activity spaces.

Typical features consist of housekeeping, a couple of everyday meals in a common dining-room, transportation to appointments, and a hectic calendar of social events and getaways. Staff may be present all the time, however mainly for hospitality, not hands-on care.

Independent living fits best when an individual:

- Can bathe, dress, toilet, and move independently or with very little assistive devices
- Manages medications without routine reminders
- Has stable chronic conditions (for example, well-controlled diabetes or high blood pressure)
- Is cognitively intact or just mildly impaired without harmful behaviors
- Feels separated or overwhelmed by home maintenance but not hazardous alone

The trade-off is that independent living offers minimal direct care. Some communities offer add-on services through home care companies that can help with bathing or medications in the resident's house. These can bridge the space when needs are light however increasing.

I once dealt with a retired instructor who transferred to independent living after her spouse died. She was physically capable but lonesome and tired of keeping a big home. Within months, her high blood pressure improved and her medication adherence stabilized, not since the structure offered healthcare, however since she

ate much better, strolled more with buddies, and felt engaged again. For her, the "care" came indirectly through way of life changes.

However, I have also seen households position a parent with advancing dementia in independent living since the parent declined any "care" label. Within weeks there were reports of wandering, misplaced medications, and kitchen events. Personnel were respectful but clear: independent living was not designed or licensed to deal with that level of danger. A second move became inevitable, this time with even more distress.

Assisted living: assistance with life, social structure, and some supervision

Assisted living sits in the middle of the care spectrum. Residents reside in personal or semi-private apartments however get help with day-to-day jobs and routine oversight from care staff. The goal is to protect as much self-reliance as possible while reducing risk and burden.

Assisted living is suitable when somebody:

- Needs aid with one or more activities of daily living such as bathing, dressing, grooming, or toileting
- Requires medication suggestions or management
- Has mobility obstacles and is at higher threat of falls
- Shows moderate to moderate cognitive modifications, however not dangerous habits that need 24-hour nursing care
- Benefits from having personnel regularly sign in, however does not need constant one-on-one supervision

Daily life in assisted living typically consists of 3 meals, housekeeping, laundry, social activities, and set up transportation. The care team develops a strategy describing what aid is needed and how frequently. Some residents only get morning and night assistance, while others require assistance throughout the day.

From an insider's viewpoint, the quality of an assisted living community is less about the chandelier in the lobby and more about three operational details:

1. Staffing ratios and stability. High turnover frequently signifies deeper problems.
2. How immediately personnel react to call buttons and requests.
3. How the neighborhood handles modifications in condition, such as a resident who begins falling or becomes more confused.

I keep in mind a resident in assisted living who at first just required aid with showers two times a week and pointers for evening medications. Over 2 years, arthritis got worse and she began to need everyday dressing support and a walker. Because the assisted living group monitored her regularly, they changed her care strategy slowly instead of waiting on a crisis. She stayed in that exact same home for four years before a considerable stroke required nursing home care.

Families sometimes assume assisted living is a medical environment. It is not. The majority of assisted living facilities are not equipped to manage feeding tubes, complex injury care, or unstable medical conditions. Their licenses and staffing models focus on day-to-day living support, not hospital-level care.

Nursing homes: treatment and extensive support

Nursing homes, also called competent nursing centers, supply the highest level of care outside of a hospital. They are suitable for individuals who require 24-hour nursing supervision, complex medical treatments, or substantial

support with practically all everyday activities.

Residents in nursing homes may be recuperating from major surgery, strokes, or major infections. Others have actually advanced chronic conditions, such as cardiac arrest or late-stage dementia, that make living in a less supervised environment unsafe.

Nursing homes differ from assisted living and independent living in numerous crucial ways:

- They should have licensed nurses on duty around the clock.
- They offer proficient services, such as IV medications, injury care, post-surgical rehab, and complex medication regimens.
- They typically coordinate carefully with doctors, therapists, and hospitals.
- The environment feels more medical, with shared rooms more typical and personal privacy sometimes compromised.

Some individuals remain in nursing homes just short-term for rehab after a healthcare facility stay. Others live there long-term because their needs can not be safely satisfied in other places. It is not unusual for somebody to move from home to the hospital after a crisis, then to a nursing home for rehabilitation, and eventually to assisted living once they stabilize.

Families frequently have a hard time emotionally with the concept of a nursing home, picturing just the worst facilities they have heard about. The reality is differed. I have actually seen thoughtful, well-staffed nursing homes where residents and families felt supported and heard, and others where stretched staffing made basic tasks feel rushed. Due diligence matters.

Where respite care fits in

Respite care refers to short-term stays or services developed to give family caregivers a break. It can take numerous kinds: a weekend in assisted living, a couple of weeks in a nursing home for rehab and supervision, or everyday visits to an adult day program.

This type of senior care is often underused due to the fact that households feel guilty or believe they ought to "handle" on their own. In practice, respite care can avoid burnout, minimize hospitalizations, and extend the amount of time an individual can securely remain at home.

Common reasons families use respite care consist of caregiver exhaustion, a planned surgery or journey for the primary caretaker, or a trial duration to see how a loved one adapts to a new environment. Numerous assisted living and nursing home communities use provided respite rooms so somebody can stay anywhere from a couple of days to a couple of months.

I as soon as worked with a child caring for her mother with advancing dementia at home. She withstood respite, insisting she might deal with whatever, up until she landed in the health center with pneumonia. Her mother moved into a respite bed in assisted living while the daughter recuperated. Both wound up benefiting. The child recognized how much 24-hour caregiving had actually taken from her, and her mother delighted in the structured activities and social contact. After a second scheduled respite stay, the family decided to make assisted living permanent.

Respite care can also belong to prepared shifts. A person might start with brief stays in assisted living, get comfy with personnel and routines, and ultimately move in full-time when home life ends up being too difficult.

Side by-side contrast: what truly alters from one level to the next

Families frequently desire an easy method to compare options without reading dozens of sales brochures. The following table lays out typical differences, but bear in mind that regional guidelines and neighborhood policies can move the details.

Aspect	Independent living	Assisted living	Nursing home	Main focus
Lifestyle, socialization, benefit	Daily living assistance, supervision, social life	Medical care, rehab, complicated support	Care staff on site	Limited, frequently non-medical
Care aides, medication techs, some nurse oversight	Nurses and assistants 24/7	Help with ADLs	Rare or by means of external home care	Yes, based upon care strategy
Comprehensive, typically with a lot of ADLs	Medication management	Resident self-manages or external help	Staff manage or monitor	Staff handle practically totally
Medical complexity dealt with	Low	Low to moderate	Moderate to high, complex conditions	Normal resident profile
Independent, socially active	Needs some physical or cognitive support	Frail, medically complex, or innovative dementia	Length of stay pattern	Numerous years, might move when requires grow
Several years, might shift to nursing home	Short-term rehab or long-term high-need care			

The secret is to match present and near-future requirements to the ideal column. Someone with slowly progressive Parkinson's might start in independent living, transfer to assisted living as mobility and care needs increase, and later on require a nursing home if swallowing or breathing issues arise.



Costs, contracts, and surprise financial traps

The financial side of elderly care is typically more confusing than the care itself. The exact same monthly cost can imply extremely different things depending on what is included.

Independent living generally charges monthly rent plus optional services. Meals, housekeeping, and basic transport are normally consisted of, while extra help, if offered, costs more. Health insurance seldom pays for independent living due to the fact that it is not classified as medical care.

Assisted living typically involves a base rate covering housing, meals, and basic services, plus a care cost based upon the level of assistance needed. That care cost can increase as requirements increase. Households sometimes pick a setting that is inexpensive at the most affordable care level however struggle when the care plan is updated and regular monthly expenses dive. Long-term care insurance may help if the policy covers assisted living and certain requirements are met.

Nursing homes have a different model. Short-term rehab after hospitalization might be partly or totally covered by public or private insurance coverage under specific conditions, usually for a limited number of days. Long-term custodial care is typically paid out of pocket up until a person qualifies for need-based public protection. Monetary guidelines can be complex, and bad moves in preparing for nursing home care can have long-term consequences for a spouse still living at home.

Whenever families tour communities, I encourage them to ask one easy however revealing concern: "Show me three real examples, with names removed, of how your prices altered gradually for locals whose care needs increased." Communities that can stroll you through sample histories typically have a more transparent approach.

Safety, autonomy, and self-respect: the three-way balancing act

Every senior care setting faces the exact same triangle: safety, autonomy, and dignity. You can push hard in one direction, however the other corners move.

Independent living favors autonomy and dignity. Citizens lock their own doors, handle their own regimens, and decline activities they do not take pleasure in. That flexibility includes more threat. Someone might fall in their apartment and not be found ideal away.

Nursing homes lean heavily into safety. Bed alarms, frequent checks, and structured routines minimize threat however can feel limiting. For some locals, that level of oversight is not simply suitable but essential. For others, it may feel like excessive control.

Assisted living attempts to being in the middle, which leads to many nuanced choices. Should a resident who likes strolling outdoors be enabled to go out alone if they often forget their way back, or should staff demand an escort? There is no single right response. Households, homeowners, and staff needs to work out these decisions based on danger tolerance, legal requirements, and quality of life.

I frequently inform households that absolute security [senior care](#) is neither practical nor gentle. The objective is "affordable safety" aligned with the individual's worths. A previous farmer who spent his life outdoors may really choose a small risk of falling on a garden path to perfect security in a reclining chair. Listening to his story matters.

When to consider a modification in level of care

Most families postpone transitions longer than is ideal. They hope things will stabilize or improve. In some cases they do, however chronic conditions normally advance. Early, thoughtful moves frequently produce much better outcomes than emergency relocations after a crisis.

Watch for these indications that the present setting might no longer be appropriate:

- Frequent falls, near-misses, or brand-new movement issues that existing assistance can not address
- Medication errors, missed out on dosages, or confusion about routines, even with reminders
- Worsening incontinence that overwhelms present staffing or home caregivers
- Uncontrolled wandering, exit-seeking, or behaviors that put the individual or others at risk
- Repeated hospitalizations for avoidable issues like dehydration, bad nutrition, or untreated infections

Any single incident may be workable. Patterns matter more. When 2 or three of these signs persist over a couple of months, it is time to ask whether the level of care still matches the level of need.

I worked with a couple where the partner had moderate dementia and the better half insisted on taking care of him in your home. Over a year, small events kept accumulating: a pot left on the range, a nighttime roaming episode, a minor car mishap. Each occurrence alone seemed "handleable." Together, they informed a different story. By the time he transferred to assisted living, his needs were closer to what a nursing home could handle, and the adjustment was harder. If they had moved a year previously, he likely could have stayed in assisted living much longer.

A useful framework for households dealing with a decision

When families feel overloaded, a structured conversation can cut through the emotion. I often suggest they sit together and briefly write down answers to a few focused concerns:

- What can our loved one do individually today, without assistance or triggers, throughout bathing, dressing, toileting, walking, consuming, and taking medications?
- What are the leading 3 dangers that fret us the most, based upon current events, not on theoretical fears?
- How much hands-on care are we realistically able and happy to offer at home over the next year, taking caretaker health and work into account?
- How does our loved one specify a life worth living: optimum self-reliance, maximum comfort, remaining together as a couple, or something else?
- What funds exist, consisting of cost savings, income, long-term care insurance coverage, and prospective public programs, and what is the most likely time horizon?

This workout does not provide you a neat response, however it clarifies concerns and restraints. A family who discovers their greatest worry is "Mom will be alone when she falls again" is searching for different options than a household whose primary concern is "Dad and Mom must remain together, even if care is complicated."

Working with specialists and trusting your own judgment

Geriatricians, geriatric care supervisors, social employees, and experienced senior care organizers can be vital guides. They know how regional neighborhoods actually run, beyond what the marketing materials guarantee. They can find inequalities in between what a family describes and what a particular setting can handle.

At the exact same time, families bring understanding that no specialist can match: history, personality, and values. The very best decisions come when scientific insight and family knowledge satisfy. If an expert strongly suggests a higher level of care however your impulses withstand, inquire to walk you through specific incident patterns and threats they see. Detail brings clarity.

Walk through neighborhoods at different times of day, not just carefully staged tour hours. Notice how personnel talk to locals. Listen for hurried interactions versus authentic relationship. Odor, sound, and environment are all data points in assessing senior care options.

Ultimately, there is no best option, just a best available fit at a particular minute in a person's life. Assisted living, independent living, nursing homes, and respite care are tools. Utilized attentively and at the right time, they can maintain self-respect, reduce suffering, and assistance not just older adults however the families who enjoy them.

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 has a website <https://beehivehomes.com/locations/san-antonio/>

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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 BeeHiveHomes 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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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](#).