

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 wake up one early morning and decide, "It is time for memory care." The decision creeps in through a series of small but unsettling moments: a parent getting lost on a familiar route, a range left on, a call from assisted living about roaming at night. For numerous, the hardest part is knowing where the line is between regular forgetfulness, the assistance of traditional senior care, and the more specific structure of memory care.

I have actually sat at kitchen area tables with children, children, and partners as they battled with that exact question. A lot of were not searching for a medical argumentation on dementia. They wanted something more useful: how to understand when assisted living is no longer enough, and what to anticipate if their loved one moves into memory care.

This short article is composed from that viewpoint: practical, experience-based, and concentrated on the real decisions households need to make.

Normal Aging, Mild Cognitive Modifications, and Dementia: Untangling the Terms

One of the first difficulties is vocabulary. Words like forgetfulness, dementia, Alzheimer's, and confusion get utilized interchangeably, yet they describe extremely different situations.

Normal aging includes some changes in memory and processing speed. A healthy older adult may forget a name, misplace checking out glasses, or walk into a room and question why they went there. These minutes are typically occasional, the person can still learn new information, and every day life continues to run relatively smoothly.

Mild cognitive impairment (MCI) describes a middle area. Individuals with MCI have quantifiable issues with memory, language, or attention beyond what many people their age experience, but they can still manage most day-to-day jobs with minimal assistance. Someone with MCI might rely more heavily on lists, tips, or a spouse

watching on visits. This is typically where families first think about assisted living or encouraging senior care, especially if there are likewise physical problems like balance issues or medication complexity.

Dementia is not a single illness however a group of signs including significant decline in memory, reasoning, or other thinking abilities that hinders every day life. Alzheimer's illness is the most common cause. Vascular dementia, Lewy body dementia, and frontotemporal dementia are other examples. The key distinction from regular aging is impact: dementia alters the ability to handle everyday life safely.

In the extremely early stages of dementia, an individual may still live reasonably well in a standard assisted living setting. Gradually, however, their needs diverge from what general elderly care is built to provide.

What Assisted Living Does Well - And Where It Struggles

Assisted living is developed around a flexible mix of self-reliance and assistance. Many communities concentrate on:

- help with everyday activities like bathing, dressing, and grooming
- medication tips or administration
- meals, housekeeping, and laundry
- social activities, transport, and a sense of neighborhood

In my experience, assisted living works especially well for older grownups who are physically frail, socially separated, or mildly cognitively impaired but still able to follow regimens, utilize call buttons, and reveal their requirements clearly.

Where these settings begin to battle is not merely with "memory issues" however with the behavioral and security changes that feature moderate to innovative dementia. Typical assisted living staffing patterns and building styles presume residents can:

- recognize and navigate their environment
- respect boundaries like "do not get in" doors
- follow fundamental security rules

When those presumptions break down, everybody feels the pressure. Staff start to call households more often about wandering, rejections of care, or escalating agitation. Other residents might feel unclear or even frightened. The person with dementia may feel overwhelmed, misunderstood, and continuously corrected.

Assisted living can add additional services, one to one sitters, or behavioral strategies, however there is a point where the environment itself is no longer a match. That is when a devoted memory care setting becomes not just proper, but often kinder.

Early Indication That Assisted Living Is No Longer Enough

Families frequently request a checklist, not since they want a rigid response, however because they need something to anchor their observations. No single indication indicates that memory care is required, yet patterns matter.

You may be approaching that limit if several of these concerns persist even after trying affordable adjustments:

1. Safety issues that keep duplicating
2. Unmanaged behaviors that interrupt others or distress your loved one

3. Rapid cognitive or practical decrease
4. Increasing reliance on one staff member or family caregiver just to "keep things fine"
5. Calls from the neighborhood recommending they are "at the edge" of what they can manage

The details behind those points are what truly guide the decision.

Safety issues beyond easy fixes

Repeated roaming, especially attempts to leave the building or get in other homeowners' spaces at night, is a key red flag. Door alarms, photo hints, and additional guidance may work for a while, but if staff are constantly rerouting the same person, it is a clear sign that they need a more safe, dementia-focused environment.

Other safety concerns include poorly utilizing home appliances, discarding medications, or forgetting how to utilize movement aids. When staff spend more time preventing accidents than supporting engagement, the match between person and setting has tilted.

Behavior and psychological distress

Assisted living personnel get some dementia training, however their model is not developed around the specialized behavioral care needed when dementia advances. Common circumstances consist of:

A resident who becomes verbally aggressive throughout bathing, not out of hostility, however fear or confusion about what is taking place. Staff start to fear assisting them, and the resident ends up bathed less often.

An individual who believes personnel are "stealing" from them due to the fact that they can not keep in mind where they put items. This can spiral into accusations, 911 calls, or conflicts with neighbors.

Repetitive calling out, following staff all over, or extreme stress and anxiety when alone. Staff might label this "attention seeking," but it frequently reflects deep insecurity and disorientation.

Memory care neighborhoods are not magic, however their entire design is created to understand and react to these patterns utilizing structured regimens, ecological hints, and specialized interaction strategies.

Physical decline mixed with cognitive loss

A resident might need more hands-on assistance moving, toileting, or consuming while at the exact same time losing the capability to follow guidelines or remain seated safely. This double decline stress traditional assisted living. Falls increase. Personnel battle to maintain. Families feel pulled in between competent nursing, memory care, or home-based solutions.

In those cases, I typically ask 2 concerns:

First, can the current setting keep this individual both safe and engaged without amazing measures?

Second, has the neighborhood efficiently maxed out their service choices, or are they still able to increase support?

If the answer to the first is "no" and to the second is "we have actually done all we can," it is time to seriously check out memory care.

What Memory Care Actually Uses, Beyond a Locked Door

Many households think of memory care mostly as "protected" or "locked," and it is true that a regulated exit system becomes part of the model. However if that is all a neighborhood offers, you are not taking a look at real

memory care, just security.

Authentic memory care aligns the environment, staffing, programs, and daily rhythm with the needs of people coping with dementia.

Environment that decreases confusion, not just limits movement

A great memory care neighborhood utilizes visual hints, basic designs, and consistent design to assist homeowners orient themselves. Instead of long, hotel-like passages, you might see smaller sized families with circular strolling courses to support safe roaming, shadow boxes outside spaces with personal products, and contrasting colors for toilets, plates, and doorways.

Noise levels tend to be lower, lighting softer and more even, and clutter minimized. These information seem little, however for somebody who is quickly overstimulated or confused, they make a huge difference in between agitation and relative calm.

Staff training and ratios customized to dementia

Staff in memory care get more extensive training in dementia communication, nonpharmacologic behavior management, and significant engagement. They are taught to translate behaviors as expressions of unmet requirements, not as "issues to stop."

Staffing ratios are typically tighter than in general assisted living, although specific numbers vary by state and community. The practical result is that caretakers can take more time with each resident, technique care more flexibly, and react faster to early indications of distress.

Structure that feels predictable, not rigid

People with dementia often work much better with a constant day-to-day rhythm. Memory care programs typically develop the day around duplicating patterns: meals served at the exact same time, early morning regimens followed in a constant order, regular peaceful periods, and life enrichment activities adapted to ability.

The objective is not to "keep homeowners busy" but to offer their nerve system a predictable map. When the day feels more knowable, stress and anxiety declines and tough behaviors typically soften.

Activities constructed for success, not failure

Standard senior activities, like long lectures or complex video games, can annoy someone with moderate dementia. Reliable memory care shifts towards shorter, sensory rich, and failure free engagement: familiar music, folding towels, easy crafts, arranging jobs, outdoor gardening, and reminiscence groups.

The finest programs are not childish. They are respectful, tuned to adult interests, and changed in trouble so that citizens can take part with a sense of competence.



The Psychological Obstacle: "Are We Quitting?"

Families in some cases see the relocate to memory care as confessing defeat. I have heard grown children state, with tears in their eyes, "I seem like I am sending her away." This psychological weight is genuine and is worthy of sincere attention.

Three reframes can help.



First, acknowledge that requirements have actually changed, not your commitment. Selecting a setting that much better matches your loved one's brain function is an act of adjustment, not desertion. You are still the decision maker, historian, and psychological anchor, even if professionals supply everyday care.

Second, comprehend that memory care can actually bring back dignity. In assisted living, a resident whose dementia has actually advanced may be constantly fixed: "No, your other half is not alive any longer," "No, you already had lunch," "You can not go there." In a memory care program, staff are more likely to validate sensations, join the individual's reality when safe, and form the environment to their current abilities.

Third, see the relocation as protecting relationships. When family members attempt to offer intensive dementia care themselves or pressure assisted living to stretch beyond its style, animosity and burnout generally follow. Memory care can maintain your function as child, boy, or spouse rather of turning you into a full-time crisis manager.

Using Respite Care to Evaluate and Transition

Respite care is often ignored in this conversation, yet it can be a vital bridge. Lots of memory care communities and some assisted living neighborhoods offer short term stays, anything from a few days to several weeks.

Respite can serve three important functions.

It provides family caretakers an opportunity to rest and attend to their own health or work demands, while their loved one receives 24 hour assistance in a safe environment. For caretakers who have actually been "on duty" day and night, this can actually be life saving.

It allows the community to examine your loved one in a practical method. A 2 hour tour tells you really little about how somebody with dementia will function in a brand-new setting. A week of respite reveals patterns: Do they settle into routines? Are there behavioral difficulties? What adjustments help most?

It provides a [dementia care](#) gentler shift. Some citizens who fiercely withstand the idea of "moving" are more open to a short "visit" or "remain while I am taking a trip." If the experience goes well, that momentary frame can

develop into a longer term positioning with less distress.

Respite care is likewise useful if you are comparing several communities. Instead of picking based on decoration and marketing, you can see how your loved one in fact responds.

When Staying Becomes More Unsafe Than Moving

A typical argument versus moving to memory care is, "Change will just puzzle them more." This issue is valid. Relocation can set off short-lived worsening of confusion, particularly in the first days or weeks. Routine interruptions are difficult for a harmed brain to process.

The practical question, nevertheless, is not whether change is hard, however whether staying is much safer and more supportive than moving. Sometimes, the status quo brings its own hidden dangers:

A resident who continues to wander into unsafe locations since doors are not secured or monitored.

A person who isolates in their space because the bigger assisted living environment feels frustrating, gradually losing physical strength and social connection.

Staff doing the bare minimum because they are out of concepts, overextended, or just not set up for specialized dementia care.

If the current setting leaves your loved one frequently terrified, puzzled, or at physical danger regardless of great faith efforts to adjust, then the short term disorientation of a move may be surpassed by the longer term advantages of a really dementia friendly space.

Practical Concerns to Ask a Memory Care Community

Tours can be slick. To get past the surface area, it assists to ask concentrated concerns and listen not only to the answers, however to how with confidence and particularly they are given.

Here work concerns to bring along, in any order that feels natural:



1. How do you customize care for various types or phases of dementia, not simply "memory problems" in general?
2. What is your approach when a resident is resisting care or ending up being upset? Can you give a current example and how personnel handled it?

3. How do you keep households informed about changes, and what does partnership appear like when behavior or medical problems develop?
4. What training do your staff get in dementia care, how frequently is it upgraded, and exist lead staff with sophisticated expertise?
5. Can my loved one age in place here, even if they become nonverbal, incontinent, or bedbound, or would they likely have to move once again?

It is affordable to also inquire about personnel turnover, usage of antipsychotic medications, end of life policies, and how they support homeowners with numerous medical conditions, not only cognitive impairment.

Balancing Cost, Resources, and Household Capacity

Memory care is more expensive than traditional assisted living in most areas. The greater expense reflects more extensive staffing and specialized programs. For lots of families, cost shapes options as much as scientific need.

This is where a frank discussion with the neighborhood's monetary counselor, a social employee, or a geriatric care manager can assist. Subjects typically consist of:

Private pay resources and for how long they are likely to last at existing rates.

Eligibility for long term care insurance advantages, if a policy exists.

Veterans advantages, particularly Aid and Attendance, which can support some senior care costs.

Potential Medicaid coverage for memory care, which differs commonly by state and program.

Families in some cases spread themselves thin attempting to avoid the cost of memory care by filling spaces with unpaid caregiving. It is essential to weigh that versus lost earnings, health influence on caregivers, and the dangers of a progressively unsafe plan. There is no single right answer, only a series of trade offs that should have honest calculation.

When to Seek Professional Guidance

Trust your instincts, however do not depend on them alone. If you discover a pattern of decline, increased calls from assisted living, or bothersome worry that your loved one is no longer safe, bring in expert perspectives.

A geriatrician, neurologist, or psychiatrist experienced in dementia can assist clarify diagnosis and phase. This matters due to the fact that early behavioral changes from something like frontotemporal dementia might be misread as "stubbornness" or "personality" in an assisted living environment.

An accredited social employee, geriatric care supervisor, or senior care advisor who is not utilized by any particular community can offer more neutral guidance. They see numerous families stroll this path and can frequently share what has actually worked for others in similar situations.

Legal and financial professionals play a parallel function. If you have not yet completed powers of attorney, upgraded wills, or clarified who can make health decisions when your loved one can not, this is the time to act. Memory care is not just about the next couple of months, however the long arc of declining capacity.

Holding On to the Individual Inside the Disease

At the heart of all these decisions is a simple human reality: dementia modifications capabilities, however it does not remove personhood. The threat, in both assisted living and memory care, is that personnel begin to see

residents as a collection of jobs instead of an entire life.

Families can assist guard against that by sharing stories, preferences, and history. When you fulfill the memory care group, discuss what your loved one did for work, what made them happy, what foods they valued or hated, what music calms or delights them, what routines anchored their days.

Bring photos, favorite books, or well used products from home. These are not simply comfort objects; they are anchors for identity. Personnel who know that your father was an engineer will connect differently when he begins "fiddling" with devices. They may see it as an expression of mastery, not misbehavior.

Even as functions shift, your continuous presence matters. Visits, call when proper, and involvement in care conferences keep you woven into the material of life. Memory care works best when it is a partnership: specialists providing structure, households providing connection of love and story.

A Quiet Limit, Not a Single Moment

The move from lapse of memory to dementia, from assisted living to memory care, hardly ever happens cleanly. Many households just recognize the limit in hindsight. Before that, they live in the grey zone: trying another technique, one more support, another guarantee that "we can handle just a little longer."

If you are reading this while battling with that uncertainty, remember three guiding concerns:

Is my loved one safe in their current environment, not only from obvious physical damage however from constant distress and confusion?

Is the present senior care setting truly geared up, by design and staffing, to fulfill their progressing needs?

Is the caregiving plan sustainable for the people who enjoy them, not simply today, but over the next year or two?

When the truthful response to those concerns tilts towards "no," memory care should have a serious, open minded look. Not as a failure of household task, however as the next, more specific chapter in a journey that none of you chose, yet all of you are strolling together.

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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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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Yes. Our nurse is on-site as often as is needed and is available 24/7.

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.

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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