

Business Name: BeeHive Homes of Crownridge Assisted Living & Memory Care

Address: 6919 Camp Bullis Rd, San Antonio, TX 78256

Phone: (210) 874-5996

BeeHive Homes of Crownridge Assisted Living & Memory Care

We are a small, 16 bed, assisted living home. We are committed to helping our residents thrive in a caring, happy environment.

[View on Google Maps](#)

6919 Camp Bullis Rd, San Antonio, TX 78256

Business Hours

- Monday thru Saturday: 9:00am to 5:00pm

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Families do pass by memory care because life is neat. They select it due to the fact that a loved one's memory and judgment have actually moved enough that home no longer feels safe or sustainable. The best memory care home can support a rainy season. The wrong one includes threat and regret. A list assists, but it should be more than boxes. It must direct how you look, what you ask, and what you feel as you walk the halls and watch the work.

Why the right fit has to do with more than a locked door

People sometimes assume memory care implies the very same thing as a protected assisted living unit. It does not. A locked door keeps somebody from wandering outside. It does not teach a staff member to acknowledge a urinary tract infection before behavior unwinds, or to de-escalate fear without restraints or sedatives. A good memory care home blends safety, trained hands, and purposeful daily life. When those parts sync, you see fewer falls, better cravings, calmer evenings, and family members who begin sleeping again.

I have actually explored memory care neighborhoods where the lobby shone and the activity calendar sparkled, yet a resident asked the exact same concern ten times in three minutes while staff smiled from a distance rather of actioning in with a grounding hint. In another structure, absolutely nothing was flashy, however the medication cart was quiet, the assistants called locals by name, and the nurse spotted a small shuffle in a man's gait that hinted at dehydration. The 2nd location is where I would place my own dad.

Safety you can see: the physical environment

Start with what your senses tell you. Hallways must be bright without glare. Locals with dementia lose depth perception and contrast, so matte finishes, strong color contrast at edges, and even flooring patterns that do not

look like holes matter. Look at hand rails. If the rail stops at each entrance, a person with Parkinsonian steps may think twice and lose balance. Continuous rails assist people keep moving with confidence.

Doors to the outside should be protected, but not so heavy or disguised that they seem like traps. With exit-seeking citizens, some homes use postponed egress doors with alarms. Ask who responds to those alarms and how quickly. I have actually seen excellent teams arrive in under 30 seconds and redirect carefully with a walk, a drink, or a folding job at a table. I have actually likewise seen alarms beep for minutes while residents grow agitated. The distinction is management and staffing, not hardware.

Bathrooms inform you a lot about fall prevention and self-respect. Grab bars need to be any place a hand may reach in a minute of unsteadiness, consisting of beside toilets and in showers, set at the right height. Non-slip surfaces need to be truly non-slip, not just textured. If you can, step into a shower and gently attempt to pivot. If you do not feel constant, neither will your mother. Drapes should enable personal privacy and supervision as needed. Look for integrated shower chairs or sturdy, tidy benches. One cracked seat suffices to undermine someone's trust.

Fire security is unnoticeable till it is not. You will not do smoke-detector tests, but you can ask staff to show you evacuation routes and where a person utilizing a wheelchair would be moved during a drill. Ask when the last drill occurred, who led it, and how citizens responded. Good teams can recall practical information, such as Mr. B who resisted leaving his space throughout the last drill and required a favorite cap and the nurse's hand on his shoulder.

Kitchens and dining-room form behavior. Scent drives appetite, and visible food and open pantries can soothe pacing. However knives and hot surfaces need to be managed. Watch a meal service if you can. Plates with high-contrast rims help locals see their food. Adaptive utensils must not be scarce or locked away. If someone coughs consistently while drinking, a speech therapist need to be offered for a swallow evaluation, and thickened liquids should be provided without shame or confusion.

Safety you do not see: procedures that avoid crises

Medication management in memory care is both art and discipline. Ask how the home handles time-sensitive medications such as Parkinson's treatments that lose effect if offered late. In one community I dealt with, a stiff med pass developed a daily rollercoaster for a resident who required carbidopa-levodopa right at 7 a.m. The fix was basic scheduling and a different suggestion on the nurse's phone. You desire a team that individualizes.

Infection control resides in the everyday habits you will not see unless you look. Inspect whether soap and hand sanitizer are in fact used in between resident contacts. Throughout breathing virus season, ask how they cohort locals and staff to restrict spread. Memory care locals can not reliably follow masking or distancing triggers. That suggests the home's system needs to secure them without counting on their memory.

Falls are made complex. True avoidance blends environment, cueing, and activity. Ask about recent fall rates, however likewise the reaction. A strong neighborhood reviews each fall within 24 to 48 hours, tries to find patterns, and adjusts care plans. If you hear a shrug and a resigned, "Falls take place," keep moving.

Behavioral health is where memory care earns its name. Individuals dealing with dementia can become terrified, suspicious, or uneasy. Great care prevents chemical restraints unless there impends threat. I look for training in non-pharmacologic approaches, such as utilizing life stories, managed sound levels, purposeful jobs, and short, concrete directions. Assistants who understand that Mrs. K calms with a folded towel and a warm washcloth deserve their weight in gold. If the response to agitation is always a sedating tablet, lifestyle will drop, and falls and hospitalizations will rise.

Staffing: ratios matter, but stability matters more

Families yearn for a clear number for staffing. Ratios help, however they never inform the whole story. In many strong memory care homes, daytime staffing runs around one direct care personnel for each five to 8 locals, evenings closer to one for each eight to ten, overnights around one for every ten to twelve. State rules vary, and skill changes those requirements. A frail resident who requires overall help with transfers will absorb more time than somebody who just needs cueing to bathe and eat.

Beyond headcount, ask about period and turnover. A knowledgeable aide who has known your father's gait, state of mind, and clever escape ideas for two years is a fall avoidance program all by herself. Stability is a proxy for a healthy work culture. Look at schedules posted on the wall. Exist holes and sticky notes? Are momentary firm staff filling most shifts? Firm personnel are frequently dedicated, however continuous churn limits consistency and trust.

Training is the hinge in between a job and an occupation. New hires ought to receive memory-specific training as part of orientation, not an optional extra. Topics ought to consist of recognizing delirium, interaction techniques for aphasia and word-finding difficulty, non-drug approaches to distress, safe transfers, and the specific threats of wandering, sundowning, and swallowing concerns. Inquire about ongoing training beyond the first two weeks. Excellent homes run short, recurring refreshers since skills fade under pressure.

Leadership sets the tone. Ask how frequently the nurse, executive director, or memory care program director is physically in the system. Throughout a site visit last winter, I enjoyed a director circle the dining room, bend to eye level, and ask a resident for a dish idea for the next baking group. That leader understood names, preferences, and family backstories. Staff enjoyed and mirrored the warmth. Management like that is contagious.

What quality dementia care appears like hour by hour

You discover the most by remaining. Program up mid-morning, not just at the set up tour time. A location that stages a best 10 a.m. Bingo can still miss all the in-between moments that cause distress. Enjoy the rate of the room. Are locals participated in small ways, not simply group activities? Folding laundry, sweeping an outdoor patio, sorting dominoes, kneading dough, watering herbs, cuddling a calm treatment canine. Individuals with dementia frequently feel much better when asked to assist rather than informed to sit and be entertained.

Routines anchor the day, however versatility prevents fights. If your mother constantly showered in the evening, forcing an early morning schedule will backfire. Ask how the group discovers and honors past routines. Search for care strategies that read like a person, not a medical diagnosis. "Frank worked nights at the post office, likes coffee black, dislikes loud radios, and soothes with baseball highlights" is even more helpful than "late-stage Alzheimer's, prefers quiet environment."

Dining must be unhurried. Homeowners with dementia often eat better in smaller sized, more frequent meals. Observe if personnel sit at eye level, offer hand-over-hand support when appropriate, and hint with basic choices. If you see a resident dozing over a plate, notice whether anyone tries to awaken carefully and use an alternative. Weight loss approaches silently in memory care. Strong homes track weights weekly, not monthly, and call households when trends appear.

Afternoons and evenings require special attention. Sundowning can surge between 3 and 7 p.m. I look for calming routines: dimmer lights, soft music without relentless rhythm, familiar tactile jobs, and a foreseeable handoff from day to night personnel. If the evening system looks disorderly, assume nights are worse.

Family participation and communication

You will not remain in the unit all day. Interaction patterns matter. Ask how updates are shared, whether by phone, email, or a safe and secure portal. I like teams that set a rhythm, such as a weekly note even when nothing is incorrect, then same-day calls if there is a fall, medication modification, or behavior shift. Routine family care conferences matter. They should be more than a checkbox. A great conference feels like a huddle with concrete objectives, such as reducing nighttime pacing or rebuilding cravings over the next 2 weeks.



Look at how households are welcomed. Are there open going to hours? Exist areas that can host a quiet visit, not just a noisy lobby? Are you welcomed to share life stories, pictures, and favorite songs? Houses that treat households as partners make better choices quicker. When behavior flares, a little detail from a daughter or son can open the puzzle.

Health services and care coordination

Memory care homes straddle social and medical worlds. Not every structure has on-site clinicians, but there ought to be a clear plan. Ask if there is a registered nurse on website daily, and for how many hours. Who covers weekends? Which physicians or nurse specialists round, and how typically? If someone establishes an unexpected modification in habits, who screens for delirium and orders laboratories to rule out infection or medication interactions?

Hospice and palliative care become part of honest dementia care. A strong memory care home welcomes these partners early. They help manage discomfort and agitation without reflexively sending people to the healthcare facility at 2 a.m. For tests that confuse more than they help. If the home is reluctant to collaborate with hospice, it might lean too greatly on health center transfers.

Rehabilitation services help more than most families anticipate. Physical therapists can adapt regimens and teach techniques for dressing, bathing, and more secure transfers. Physical therapists construct balance and strength, even in late phases. Speech therapists attend to swallowing and communication. Ask how frequently these services are utilized and whether therapists train staff to rollover workouts in between formal sessions.

Costs, openness, and what the agreement hides

Pricing in memory care can be simple or maddening. Some homes provide all-inclusive rates that fold care, meals, housekeeping, and activities into one monthly figure. Others use a tiered or point system that scales with the level of assistance needed. Both can work, however you require clarity.

Ask for a sample contract and read it gradually. What activates a transfer to a higher care tier? Who chooses? Just how much notification do you get before a boost? Exist different charges for incontinence supplies, transport, or one-to-one supervision during a behavioral flare? If your father declines showers and needs 2 personnel for a safe transfer, that normally changes his level. You need to comprehend the expense ramifications before you sign.



Check for discharge requirements. Memory care homes are not medical facilities. If a resident ends up being physically aggressive, requires constant competent nursing, or requires two-person mechanical lifts beyond what the building can supply, the home might request a transfer. Clear policies prevent shock later. Good teams deal [respite care](#) with families to time shifts well, not on the worst day.

The smell, the sound, the feel

People be reluctant to discuss smells, but they matter. A faint scent of lunch is typical. A heavy smell of urine at midday hints at poor toileting schedules or insufficient house cleaning. Sounds tell a story too. Consistent alarms develop unease. Excellent groups silence non-urgent alarms rapidly, not by overlooking them however by responding quick and adjusting the triggers. The feel of the location is nearly physical. Do you pick up the weight on staff shoulders, or a consistent pace with space for laughter? Trust your body while you gather facts.

Your on-site tactical plan: 5 checks that expose the truth

- Arrive unannounced 30 minutes early and sit in a typical area. Watch two staff-resident interactions. Note tone, speed, and whether names and mild touch are utilized appropriately.
- Ask a direct care aide what they like about working there and what is hard. You will find out more from that response than from any brochure.
- Peek into two restrooms and one shower room. Try to find grab bars at several points, tidy non-slip floor covering, and obtainable supplies. Water spots and missing materials predict hurried, risky care.
- Request to see the activity in development, not simply the calendar. A complete calendar suggests little if real engagement is low. Count the number of locals are participating meaningfully.
- Before leaving, ask how after-hours emergencies are handled. Who responds to the phone at 10 p.m.? Who can license sending a resident to the ER? Clear answers reveal a meaningful chain of command.

Red flags that are worthy of a pause

- Leadership churn, particularly uninhabited nurse or director functions, or a new executive director every few months.
- Vague answers about staffing ratios, turnover, or training hours, or a rejection to supply them at all.
- Reliance on PRN sedatives for "sundowning" without reference of ecological or activity-based strategies.
- Dirty dining areas, cold food, or citizens with regularly stained clothing or untrimmed nails.
- Families in the lobby looking distressed, stating they can not get calls returned, or cautioning you off in peaceful tones.

Trade-offs, edge cases, and judgment calls

No memory care home hits every mark. A little residential-style home might provide excellent attention and heat however do not have on-site treatment services. A bigger campus may use medical depth and limitless activities while feeling hectic for someone who chooses quiet. Some households prioritize distance over perfection, specifically if a spouse visits daily. Others select a farther community that understands an unique habits profile. Your list must feed a conversation with your household about priorities.

One example: a retired electrical contractor in the mid phases of Alzheimer's paced continuously and pulled at cords. A charming, timeless assisted living building with chandeliers felt harmful for him. He did much better in a more recent memory care system with sealed outlets, tough furnishings, and a courtyard created for long, looping walks with visual cues and no dead ends. His wife missed the expensive lobby, however he stopped tripping over rugs and attempting to "fix" lamps.

Another edge case: a resident with frontotemporal dementia who was physically strong, spontaneous, and socially disinhibited. Ratios mattered less than personnel training and quick access to behavior experts. The winning home was not the closest or most affordable. It was the one where the director could stroll through a behavior plan line by line and name the team members who had actually practiced it.

How to use this checklist without losing your gut

Gather realities, then provide yourself approval to trust your impressions. If a tour feels hurried or dismissive, that typically shows everyday rate. If staff laugh with locals in such a way that lands as kind, that too is an indication. Bring 2 sets of eyes if you can. One person can talk while the other watches. After each visit, write notes the very same day. Information blur fast when you are touring several places.

If you are moving from home care to memory care, grief comes along. Expect to feel relief and regret in the exact same hour. Good teams understand this and will not make you defend your choice over and over. They will invite you to sign up with care conferences, share your loved one's life story, and become part of the rhythm of the place.

Where memory care makes its name

The finest memory care is not babysitting behind a protected door. It is the slow, skilled work of acknowledging the person still present and developing a day that makes sense to them. It is the nurse who notifications a brand-new lean to the left and requires a check, the aide who bears in mind that hot cocoa and a cardigan settle a rough afternoon, the activity assistant who turns a previous mechanic's restless hands into a mild engine reconstruct with plastic parts. It is likewise the supervisor who stops the alarm sound and changes it with a calmer workflow.



When you discover a memory care home that weaves security, staffing, and customized assistance into genuine daily life, you will see it in the little moments. A resident finishes lunch and smiles. Someone who utilized to wander for hours now folds towels next to a pal. A boy who was calling 911 two times a month now spends his visits reading old fishing magazines with his dad. That is the list working where it matters.

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

BeeHive Homes of Crownridge Assisted Living offers housekeeping services

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

BeeHive Homes of Crownridge Assisted Living supports seniors seeking independence

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

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

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

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

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

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

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BeeHive Homes of Crownridge Assisted Living 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.

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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.

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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.