



IDD Resident Provider Case Study

How Charles Lea Center Used Impruvon to Bolster Resident Independence, Prevent Med Errors, and Improve Documentation



At A Glance:

Impact after Implementing Impruvon

➤ **23,000+** Medication Administrations

➤ **Across 18 Sites**

➤ **With Zero Med Errors***

*In December 2025

Resources:

[Impruvon Website](#)

[Charles Lea Center Website](#)

Schedule a Demo:



About Charles Lea Center

Based in Spartanburg, South Carolina, Charles Lea Center serves individuals with disabilities and special needs across residential and day programs. Charles Lea Center operates over 60 residential homes with varied living models, supporting independence through person-centered care and community integration.



“Success for our organization day-to-day is allowing our individuals independence. Whether that be technology, giving their self-medication, working, being able to cook their own meals, just being independent and part of the community.”

— Jessica Ruppe, Director of Health Services, Charles Lea Center

Life Before Impruvon

Challenges

Medication processes varied widely across locations, with paper-based documentation increasing the risk of missed or delayed entries and limiting visibility into adherence and errors. Documentation-heavy workflows frustrated staff and made it difficult to consistently support individual independence at scale.

Systems

Medication management relied on paper MARs, with medications stored in med carts, locked cabinets, or offices, forcing staff to travel back and forth to retrieve them. Multiple legacy dispensing tools were used inconsistently across homes, adding complexity and inefficiency.

The Moment Change Was Necessary

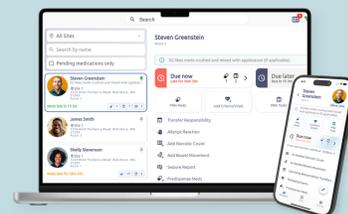
Leadership recognized medication administration as a barrier to quality care and accountability, with a clear need to reduce errors. This created an opportunity to rethink an “archaic,” yet long-accepted, process.

What Charles Lea Center Searched For

Charles Lea Center sought a solution that empowered individuals—not just staff—while improving medication organization and oversight. They needed flexible technology that could adapt to diverse residential settings and a partner willing to meet real operational realities.

Why Impruvon?

- Person-centered medication management that **promotes resident autonomy**
- Combines **smart hardware** with real-time **digital documentation**
- Designed to **reduce errors** while maintaining **compliance**
- Backed by a **mission-driven team** that understands the IDD space



“Reliance on medication administration shouldn’t keep someone from living by themselves. Impruvon was really eye-opening; if someone could manage meds independently, it was a no-brainer.”

— Shannon Childress, Chief Program Officer, Charles Lea Center

Implementation Experience

Onboarding Milestones



Training Quality

- System described as intuitive once staff were onboard
- Strong customer support during early troubleshooting
- Ability to configure workflows and terminology

Ease of Adoption

- Initial hesitation driven by change, not technology
- Positive feedback once staff began using the system
- Adoption improved as confidence and familiarity increased

Early Wins for Charles Lea Center

In December 2025, 23,643 medication administrations were facilitated across 18 resident living sites with zero med errors.

- Medication errors decreased
- Documentation became more consistent and reliable
- Improved organization across homes
- Increased individual independence and autonomy
- Stronger compliance and audit readiness

Looking Forward

Charles Lea Center has ongoing plans to expand and empower their locations by unlocking the benefits Impruvon provides. The new locations currently include North Carolina and Tennessee.



Testimonials

“After the integration of Impruvon, what changed first was more organization; more allowing our people to be more independent. It was more person-centered. That is what we’re most proud of: being able to offer that to our individuals. Our medication errors went down, of course. The documentation was better. It’s still better. **The person-centered independence, the reduced medication error rate, and improving the documentation are the biggest wins.**”

— Jessica Ruppe, Director of Health Services Charles Lea Center

“I’ve been in this field for 30 years and I’m used to the old archaic way of administering medications. For someone like myself, who hasn’t really experienced any new and inventive ways to administer medication, it was really eye-opening that someone was out there looking at a unique and a different way of doing that. **It was more person-centered. To help empower individuals and give them some more autonomy.**”

— Shannon Childress, Chief Program Officer, Charles Lea Center

Schedule a Demo:

