



IN THE CORONERS COURT  
OF VICTORIA  
AT MELBOURNE

**COR 2024 004855**

**FINDING INTO DEATH WITHOUT INQUEST**

*Form 38 Rule 63(2)*

*Section 67 of the Coroners Act 2008*

Findings of: Judge John Cain, State Coroner

Deceased: Luana Janiece Ross

Date of birth: 18 September 1961

Date of death: 2 November 2022

Cause of death: 1(a) Alzheimer's Dementia  
1(b) Epilepsy  
2 Down syndrome, hypothyroidism, knee osteo arthritis and recurrent urinary tract infection

Place of death: 52 Longforest Avenue, Melton, Victoria 3337

Keywords: Specialist Disability Accommodation resident, supported independent living, disability support, reportable deaths, natural causes

## INTRODUCTION

1. On 2 November 2022, Luana Janiece Ross (**Ms Ross**) was 61 years old when she died at home following a collapse.
2. At the time of her death, Ms Ross was a National Disability Insurance Scheme (**NDIS**) participant. She received funding to reside in a Specialist Disability Accommodation (**SDA**) enrolled dwelling<sup>1</sup> operated by Empowered Liveability Pty Ltd. Ms Ross was receiving these supports due to an intellectual disability caused by Down Syndrome.
3. Ms Ross was one of four siblings. She had regular contact with her sisters who live in Victoria. She is remembered for her wonderful sense of humour.

## THE CORONIAL INVESTIGATION

4. Ms Ross' death fell within the definition of a reportable death in the *Coroners Act 2008* (**the Act**) as she was a 'person placed in custody or care' within the meaning of the Act, as a person receiving funding for Supported Independent Living (**SIL**) and residing in an SDA enrolled dwelling immediately prior to her death. This category of death is reportable to ensure independent scrutiny of the circumstances leading to death given the vulnerability of this cohort and the level of power and control exercised by those who care for them. The coroner is required to investigate the death, and publish their findings, even if the death has occurred as a result of natural causes.
5. The role of a coroner is to independently investigate reportable deaths to establish, if possible, identity, medical cause of death, and surrounding circumstances. Surrounding circumstances are limited to events which are sufficiently proximate and causally related to the death. The purpose of a coronial investigation is to establish the facts, not to cast blame or determine criminal or civil liability.
6. Under the Act, coroners also have the important functions of helping to prevent deaths and promoting public health and safety and the administration of justice through the making of

---

<sup>1</sup> SDA enrolled dwelling is defined under the *Residential Tenancies Act 1997* (Vic). The definition, as applicable at the time of Ms Johnston's death, is a permanent dwelling that provides long-term accommodation for one or more SDA residents, that is enrolled as an SDA dwelling under relevant NDIS (Specialist Disability Accommodation) Rules in force at the relevant time. An SDA resident means a person who is an NDIS participant funded to reside in an SDA enrolled dwelling, or who receives continuity of supports under the Commonwealth Continuity of Support Program in respect of specialist disability services for older people (from 1 July 2021, the Disability Support for Older Australians program). The definition of SDA resident was amended on 1 July 2024 pursuant to the *Disability and Social Services Regulation Amendment Act 2023* to extend to include persons who are residing, or propose to reside, in an SDA dwelling under an SDA residency agreement or residential rental agreement.

comments or recommendations in appropriate cases about any matter connected to the death under investigation.

7. This finding draws on the totality of the coronial investigation into the death of Luana Janiece Ross, including information from the National Disability Insurance Agency (NDIA) and the NDIS Quality and Safeguards Commission, as well as a Medical Certificate Cause of Death (MCCD) completed by a medical practitioner at Complete Family Care. Whilst I have reviewed all the material, I will only refer to that which is directly relevant to my findings or necessary for narrative clarity. In the coronial jurisdiction, facts must be established on the balance of probabilities.<sup>2</sup>

## **MATTERS IN RELATION TO WHICH A FINDING MUST, IF POSSIBLE, BE MADE**

### **Circumstances in which the death occurred**

8. On 2 November 2022, Ms Ross was being assisted to complete her morning routine by a carer when she became unresponsive, and her breathing was abnormal.
9. The carer called for an ambulance, remaining with Ms Ross to monitor her breathing as directed, until paramedics arrived.
10. Ambulance Victoria paramedics arrived quickly and commenced cardiopulmonary resuscitation (CPR).
11. Ms Ross' condition did not improve and following a discussion between paramedics and her sister Kirsty, CPR was ceased. Ms Ross was pronounced dead around 11.45am on 2 November 2022.

### **Identity of the deceased**

12. On 3 November 2022, Medical Practitioner Dr Hanna Elkhoury completed a MCCD in which she identified the deceased as Luana Janiece Ross born 18 September 1961.
13. Identity is not in dispute and requires no further investigation.

---

<sup>2</sup> Subject to the principles enunciated in *Briginshaw v Briginshaw* (1938) 60 CLR 336. The effect of this and similar authorities is that coroners should not make adverse findings against, or comments about, individuals unless the evidence provides a comfortable level of satisfaction as to those matters taking into account the consequences of such findings or comments.

## **Medical cause of death**

14. Dr Hanna Elkhoury reviewed Ms Ross' medical history and completed a MCCD in which she provided an opinion that the medical cause of death was Alzheimer's Dementia and epilepsy in the setting of Down syndrome, hypothyroidism, knee osteoarthritis and recurrent urinary tract infection.
15. On 19 August 2024, a Medical Liaison Nurse (**MLN**) at the Victorian Institute of Forensic Medicine, reviewed the MCCD at my direction and confirmed that the cause of death was due to natural causes.
16. I accept Dr Elkhoury's opinion and am satisfied that the death was due to natural causes.

## **FINDINGS AND CONCLUSION**

17. Pursuant to section 67(1) of the *Coroners Act 2008* I make the following findings:
  - a) the identity of the deceased was Luana Janiece Ross, born 18 September 1961;
  - b) the death occurred on 2 November 2022 at 52 Longforest Avenue, Melton in Victoria from Alzheimer's Dementia and epilepsy in the setting of Down syndrome, hypothyroidism, knee osteoarthritis and recurrent urinary tract infection; and
  - c) the death occurred in the circumstances described above.
18. The available evidence does not support a finding that there was any want of clinical management or care on the part of the SIL provider, or Ambulance Victoria paramedics, that caused or contributed to Ms Ross' death.
19. Having considered all the available evidence, I find that Ms Ross' death was from natural causes and that no further investigation is required. As such, I have exercised my discretion under section 52(3A) of the Act not to hold an inquest into her death and to finalise the investigation of Ms Ross' death in chambers.

I convey my sincere condolences to Ms Ross' family, friends and carers for their loss, and acknowledge the distress caused by the delay in the reporting and investigation of Ms Ross' death.

Pursuant to section 73(1B) of the Act, I order that this finding be published on the Coroners Court of Victoria website in accordance with the rules.

I direct that a copy of this finding be provided to the following:

Kirsty Ross

Empowered Liveability Pty Ltd

Gellibrand Support Services

Signature:



---

Date : 9 December 2024

---

NOTE: Under section 83 of the *Coroners Act 2008* ('the Act'), a person with sufficient interest in an investigation may appeal to the Trial Division of the Supreme Court against the findings of a coroner in respect of a death after an investigation. An appeal must be made within 6 months after the day on which the determination is made, unless the Supreme Court grants leave to appeal out of time under section 86 of the Act.

---