

CORONERS COURT OF SOUTH AUSTRALIA

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INQUEST INTO THE DEATH OF MARIA KALOMPRATSOS

[2026] SACC 48

Inquest Findings of his Honour Deputy State Coroner Evans

23 October 2026

CORONIAL INQUEST

Examination of the cause and circumstances of the death of a resident of an aged care facility subject to a power of detention under a Guardianship Order who experienced an incident of choking while eating.

Held:

1. Maria Kalompratsos, aged 90 years of St Basil's Homes Croydon Park, died at the Royal Adelaide Hospital on 22 October 2023 as a result of aspiration pneumonia secondary to choking, on a background of Alzheimer's dementia.
2. Circumstances of death as set out in these findings.

No recommendations made.

INQUEST INTO THE DEATH OF MARIA KALOMPRATSOS [2026] SACC 48

Introduction

- 1 The Court heard an inquest on the papers in relation to the death of an elderly resident of the secure area of an aged care facility who experienced a choking event while eating.

Background

- 2 Maria Kalompratsos was born in the Peloponnese region of Greece on 30 April 1933. She came to Australia in 1955 at the age of 21. She often reminisced on her time living in her home village in Greece. She was married and had four children. Between 1966 and 1982 she worked as a cleaner at the Royal Adelaide Hospital.¹ Her husband died in 1988.
- 3 Over the course of her life, Mrs Kalompratsos was diagnosed with Alzheimer's dementia with behavioural and psychological symptoms, ischaemic heart disease, congestive cardiac failure, atrial fibrillation and gastroesophageal reflux disease.
- 4 In May 2021, the South Australian Civil and Administrative Tribunal (SACAT) heard an application in relation to Mrs Kalompratsos. The Tribunal made a finding that Mrs Kalompratsos had a mental incapacity.² It appointed the Public Advocate as her full guardian. She continued to live in her unit at Croydon, with family members living in another unit on the property and care workers attending daily.³ Over time, her dementia progressed and she began not recognising her family.
- 5 Following a fall where she sustained a fractured neck of femur, she had corrective surgery and spent time at the Hampstead Rehabilitation Centre in February 2022. She then spent time in respite. In June 2022, Mrs Kalompratsos obtained a respite placement and moved into the St Basil's aged care facility at Croydon Park, which was culturally suited to her.⁴
- 6 On 9 November 2022, SACAT heard a further application for special powers to be granted in order to deal with the progression of her dementia-related behaviours. The Tribunal made a finding that the health and safety of Mrs Kalompratsos or others would be seriously at risk if special powers were not granted. It granted those powers, including a power to detain Mrs Kalompratsos at her place of residence.⁵ That order was in place at the time of her death.

Circumstances leading to death

- 7 On 18 October 2023, Mrs Kalompratsos had been supplied her lunch in the dining room at St Basil's. A student on placement saw Mrs Kalompratsos struggling and got the attention of a personal care worker, Nicolette Petropoulos.⁶ Ms Petropoulos approached Mrs Kalompratsos and realised that she needed help. She immediately called out for the

¹ Exhibit C9 at [3]

² Exhibit C8 at [9]

³ Exhibit C9 at [9]-[10]

⁴ Exhibit C9 at [6] and Exhibit C11 at [3]

⁵ Exhibit C8 at [11]

⁶ Exhibit C4 at [5]

registered nurse, Anita Rai, who was nearby. Ms Rai administered back blows, but these did not assist and Mrs Kalompratsos collapsed.⁷ Another registered nurse came to assist.⁸ An ambulance was called while back blows were being administered.

- 8 After Mrs Kalompratsos became unresponsive, she was moved to the ground and CPR was then commenced while efforts to obtain her recorded resuscitation preferences were made.⁹ An ambulance tasking was issued at 11.46 am and a nearby Extended Care Paramedic, Karen Darby, was able to be re-routed while on the way to another tasking, arriving promptly at 11.48 am.¹⁰
- 9 While CPR was continuing, Ms Darby used a laryngoscope to inspect Mrs Kalompratsos' airway. She observed a Brussels sprout lodged about ten centimetres into the airway and used forceps to remove it.¹¹ Ms Darby said that this sprout was not able to be seen without the laryngoscope being inserted down Mrs Kalompratsos' throat. She described it as about half of a Brussels sprout, about the size of a ten cent piece, that fell apart into about three pieces as it was being removed.¹² One of the nurses described the Brussels sprout as whole and took a photograph of it.¹³ I received a copy of that photograph into evidence. It depicts a very mushy yellow-green vegetable clump that appears either to have been in multiple pieces or to have fallen apart. Given the photographic evidence, I accept that Ms Darby's description of what was extracted is accurate.
- 10 An iGel airway was inserted and oxygen was delivered while adrenaline was administered intravenously.¹⁴ Further paramedics arrived, including Intensive Care Paramedic Wade Emmerton, and took over the CPR effort while a cardiac monitor was connected.¹⁵ Mrs Kalompratsos had pulseless electrical activity, with no shockable cardiac rhythm. Mr Emmerton prepared for intubation, but this was ultimately not required as the paramedics were able to regain a pulse and Mrs Kalompratsos started breathing adequately on her own.¹⁶ This occurred after 12 minutes of CPR.
- 11 Mrs Kalompratsos had a respiratory rate of 12 breaths per minute. She was then taken to the Royal Adelaide Hospital. Her blood testing showed a poor physical condition and she remained reliant on supplied oxygen to achieve satisfactory oxygen saturation levels.
- 12 While in hospital, an x-ray showed bilateral widespread lung opacities consistent with consolidation and a rib fracture from the successful CPR. Doctors discussed Mrs Kalompratsos' prognosis with her guardian and it was agreed that she should be transitioned to end-of-life care. Palliative medications were infused until Mrs Kalompratsos died on 22 October 2023. She was 90 years old.

⁷ Exhibit C4 at [7]

⁸ Exhibit C5 at [5]

⁹ Exhibit C4 at [9]

¹⁰ Exhibit C2 at [3]

¹¹ Exhibit C2 at [4]

¹² Exhibit C2 at [9]

¹³ Exhibit C5 at [9] and Appendix A

¹⁴ Exhibit C3 at [6]

¹⁵ Exhibit C2 at [6]

¹⁶ Exhibit C3 [7], [10]

Cause of death

- 13 A pathology review of the medical records was conducted by Dr Erin O'Connor through Forensic Science SA. Dr O'Connor concluded that Mrs Kalompratsos' death was as a result of aspiration pneumonia secondary to choking on a background of Alzheimer's dementia. I am satisfied that Dr O'Connor's opinion properly reflects the evidence and I find that Mrs Kalompratsos' cause of death was as Dr O'Connor has described.

Assessment of the issues

Detainment

- 14 Special powers were granted by SACAT which authorised Mrs Kalompratsos' detention. Given that she had advanced dementia with behavioural and psychological symptoms, these powers were clearly required to deal with the behaviours that her condition made her exhibit. It was proper to seek them. They were then properly considered and granted by SACAT. I therefore find that Mrs Kalompratsos was lawfully detained in her care facility at the time of her death.

General healthcare

- 15 The medical records from St Basil's reflects that Mrs Kalompratsos appears to have received a generally high level of health care, with tailored assessment and care for dementia as well as general health assessments. She had numerous specialist health assessments, including in physiotherapy, podiatry and dietetics. Over time, she experienced the usual progression of her medical conditions.

Risk of choking

- 16 Mrs Kalompratsos had not had any prior recorded instances of choking. She usually fed herself unless she was too tired.¹⁷ She would usually wear her dentures unless she had lost them, as happened from time to time.
- 17 Mrs Kalompratsos had received a speech pathology review on 27 September 2022 after being referred following difficulties swallowing tablets and harder foods.¹⁸ The assessment was conducted by speech pathologist Jacqueline Breithaupt and included oral trials of bread and thin fluids.¹⁹ A diagnosis of mild oropharyngeal dysphagia was made, which was characterised by reduced strength in mastication, a slightly extended AP bolus transit and a slightly reduced hyolaryngeal movement on palpation.²⁰ It was noted that cognitive decline and gastro-oesophageal reflux disease were factors compounding the minor functional changes identified.
- 18 Ms Breithaupt recommended a minor change to Mrs Kalompratsos' diet, recorded and explained in accordance with the terminology of the International Dysphagia Diet Standardisation Initiative (IDDSI). The IDDSI Framework was implemented in

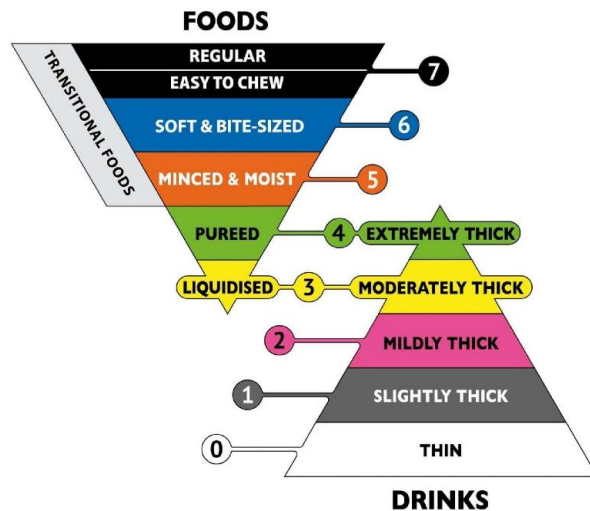
¹⁷ Exhibit C4 at [15]

¹⁸ Exhibit C7 at [5]

¹⁹ Exhibit C7 at [6]

²⁰ Exhibit C7 at [6]

St Basil's kitchens in October 2019.²¹ That initiative provides the following descriptions of food preparation:²²



- 19 The recommendation made by Ms Breithaupt was for meats to be served in line with IDDSI Level 6 – soft & bite-sized, but that vegetables and desserts could be served in line with IDDSI Level 7 – easy to chew. Bread and toast were specifically identified as safe to consume with moist toppings. In relation to drinks, IDDSI Level 0 - thin (ie, unmodified) was recommended. There was no recommendation for supervision while eating, but it was recommended that Mrs Kalompratsos be positioned sitting upright with encouragement to take sips of fluid to clear solids if required.
- 20 These recommendations were said to be designed to optimise safety while also ensuring that Mrs Kalompratsos was still able to enjoy a variety of textures and food diversity which was recognised as an important factor for care of the elderly.²³ I am satisfied that the recommendations made appropriately balanced Mrs Kalompratsos' relatively minor functional eating issues with the need for her to enjoy meals as part of her overall wellbeing.
- 21 When entered onto Mrs Kalompratsos' catering form, the required diet was summarised simply as:

Food consistency 7 – Easy To Chew²⁴

However, specific notes were also included to provide more exact guidance, as follows:

Speech Pathologist review on 27/09/22
easy to chew veges and desserts (IDDSI level 7)
soft and bite sized meats (IDDSI level 6)

bread and toast ok with moist toppings
thin fluids (IDDSI level 0)
medications crushed

²¹ Exhibit C10 at [10]

²² www.iddsi.org

²³ Exhibit C7 at [7]

²⁴ Exhibit C10 at Appendix H

Strategies

-upright at 90 deg for all intake
-encourage sips of fluid for all intake
-CEASE intake if any concerns or any signs of pen/asp. If it persists contact speech path for review.²⁵

- 22 These additional notes were available to kitchen staff when preparing Mrs Kalompratsos' meals.
- 23 It appears on the face of Mrs Kalompratsos' diet form that there was an issue with the advice recorded in the summary. That is, Level 7 – easy to chew was recorded which did not reflect the advice that different IDDSI levels were required for differing foods, importantly, with meat being served as IDDSI Level 6 – soft and bite-sized.
- 24 A member of the kitchen staff explained in an affidavit that Mrs Kalompratsos was required to have 'soft meat and regular vegetables'.²⁶ This appears to reflect an understanding that meat was actually required to be served at IDDSI Level 6, even though the catering form did not record that in the summary. This was likely a result of the entire form being read, rather than merely the brief summary, which is the proper approach.
- 25 Although the member of kitchen staff described 'regular' vegetables, she then explained that this means the vegetables will be cooked more than normal so that they are 'softer than a normal person' would have them. She said that the fork test is used to ensure that the cooked vegetable will easily pass through the prongs of a fork. She said that she recalls conducting the fork test on the Brussels sprouts after steaming them for 45 minutes on the day of Mrs Kalompratsos' death. She said that Brussels sprouts are not cut up, which is why extra care is taken to ensure that they are soft enough.²⁷ It cannot be overlooked that the actual vegetables served were compliant with the easy to chew requirement. I observe that a kitchen which produces all its vegetables as easy to chew might naturally place less significance on the distinction between Level 7 regular and Level 7 easy to chew as pertaining to vegetables.
- 26 In light of all of the evidence, I am satisfied that, while the description of 'regular' vegetables was not precisely in keeping with the recommendation, the detailed explanation of the kitchen's understanding of Mrs Kalompratsos' diet demonstrated an appreciation of the bifurcation within IDDSI Level 7. Overall, I am satisfied that there was a sound understanding of Mrs Kalompratsos' dietary requirements within the kitchen at St Basil's.
- 27 I received evidence that St Basil's requires all kitchen staff to undertake the following training:
- a. Food safety in Aged Care (an online course)
 - b. Dysphagia and Swallowing (an online course)
 - c. Dysphagia and the IDDSI Framework (an online course)

²⁵ Exhibit C10 at Appendix H

²⁶ Exhibit C6 at [4]

²⁷ Exhibit C6 at [8]

- d. Food Safety Program (an in-person course)
- e. Food Safety Supervisor Course (a mixed in-person and online course)²⁸

- 28 These courses had most recently been offered in August and September 2023.
- 29 I find that the general risk of choking was adequately addressed by St Basil's through the combination of comprehensive general training and that the specific risk was addressed through the specialist assessment, then assignment and implementation of a diet that suited Mrs Kalompratsos. The Brussels sprout eaten by Mrs Kalompratsos was soft enough that it broke apart as it was being removed from Mrs Kalompratsos' airway, demonstrating compliance with the IDDSI Level 7 – easy to chew requirement. I am therefore satisfied that there was no safety issue evident in the preparation of Mrs Kalompratsos' meal.
- 30 In light of the general evidence of the approach of the St Basil's kitchen together with the evidence about what specifically happened on the day of Mrs Kalompratsos' death, I am satisfied that there was no inadequacy in the approach to the risk of choking.

Response to the choking incident

- 31 In relation to the care provided by staff at St Basil's after Mrs Kalompratsos began choking, I observe that a carer appears to have noticed that Mrs Kalompratsos needed help within about 35 seconds of the first signs.²⁹ This was very prompt and represented an adequate level of supervision, particularly given that Mrs Kalompratsos had not had any prior incidents which meant that she had been identified as a resident requiring particularly close supervision. Numerous staff then attended quickly when needed and all efforts that were able to be made were. I particularly highlight that the evidence of paramedic Ms Darby was that the Brussels sprout was lodged so deeply that it could not have been visualised by staff without a laryngoscope.³⁰ Staff assisting without this advanced equipment cannot have been expected to have seen and removed the sprout. I therefore find that the response to Mrs Kalompratsos' choking incident was appropriate in the circumstances.
- 32 After having reviewed the evidence, I find that the healthcare provided by paramedics and staff at the hospital was exemplary. The fact that a return of spontaneous circulation was achieved speaks to the adequacy of the paramedics' interventions. Notwithstanding those efforts, Mrs Kalompratsos was not able to recover in the longer term and the decision to prioritise her comfort was entirely appropriate in all of the circumstances.

Recommendations

- 33 In light of the evidence and my assessment of the issues, I am satisfied that there are no recommendations that I should consider making that might address safety issues.

Condolences

- 34 I express my condolences to Mrs Kalompratsos' family.

²⁸ Exhibit C10 at [5]

²⁹ Exhibit C13 at 27

³⁰ Exhibit C2 at [5]