

# INTAKE INFORMATION

## PROVIDER INFORMATION:

Name: EAST GYN CENTER  
 Address: 15650 EAST 8 MILE RD  
 City/State/Zip/County: DETROIT, MI, 48205, WAYNE  
 Telephone: (248) 762-2772

License #: 1030000070  
 Type: FSOF-LO  
 Medicaid #:  
 Administrator: JACOB KALO, MD, PC

## INTAKE INFORMATION:

Intake Number: MI00126763  
 Taken by - Staff: BESTWICK, ALEXANDRA  
 Location Received: COMPLAINT INTAKE SECTION  
 Intake Type: Complaint  
 Intake Subtype: State-only, licensure  
 SA Contact: JORDAN, MATTHEW  
 RO Contact:  
 Responsible Team:  
 Source: Resident/Patient/Client

Received Start: 02/26/2022 At 14:33  
 Received End: 03/01/2022 At 14:33  
 Received by: Online  
 State Complaint ID:  
 CIS Number:  
 External Control #:

## COMPLAINANTS:

Name	Address	Phone	Email
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Link ID: [REDACTED]  
 Relationship: Self  
 Confidentiality Requested: N

## RESIDENTS/PATIENTS/CLIENTS:

Name	Admitted	Location	Discharged	Room	Link ID
[REDACTED]					[REDACTED]

## ALLEGED PERPETRATORS:

Alleged Perpetrator	Phone	SSN	License #	Link ID
KALO, UNKNOWN				551233

## INTAKE DETAIL:

Date of Alleged Event: [REDACTED] Time: 11:00 AM Shift:

### Standard Notes:

1. What happened?

\*\*\*See attached complaint which states:

I had went in for the abortion pills, which the girls there were super nice. One girl had did the ultrasound (which i think was fake) and then told me the doctor would be in, in a second to talk to me. He came in and started doing another ultrasound pulling my underwear very far down and taking a glimpse at my vagina. The other girl came in and said she already did one so we moved on to the breast exam. As i was sitting there with my boobs out the Dr. Kalo received a phone call, which he ignored. Then received another one and in the middle of him giving me my breast exam he answers a FaceTime call. I felt very uncomfortable in many circumstances there involving him.

### Resident/Patient Details:

- Guardian/ next of kin: [REDACTED]
- Is the resident/patient still at the facility: No
- DOB: [REDACTED]
- Pertinent DX:

03/01/2022: Complaint intake referred to the State Licensing team for review. A. Bestwick

Extended RO Notes:

Extended CO Notes:

# INTAKE INFORMATION

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**ALLEGATIONS:**

Category:  
Sub-category:

Category:  
Sub-category:

Transplant Program Type:

Seriousness:

Details:

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Reason for Restraint:

Cause of Death:

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END OF INTAKE INFORMATION

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License #: 1030000070  
 Type: FSOF-LO  
 Medicaid #:  
 Administrator: JACOB KALO, MD, PC

## INTAKE INFORMATION:

Intake Number: MI00135058  
 Taken by - Staff: MAXWELL, CEDRIC  
 Location Received: COMPLAINT INTAKE SECTION  
 Intake Type: Complaint  
 Intake Subtype: Federal COPs, CFCs, RFPs, EMTALA, CLIA  
 SA Contact: JORDAN, MATTHEW  
 RO Contact:  
 Responsible Team: STATE LICENSING SECTION  
 Source: Other

Received Start: 02/18/2023 At 11:27  
 Received End: 03/09/2023 At 11:09  
 Received by: E-Mail  
 State Complaint ID:  
 CIS Number:  
 External Control #:

## COMPLAINANTS:

Name	Address	Phone	E-Mail
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Link ID: [REDACTED]

Confidentiality Requested : N

## RESIDENTS/PATIENTS/CLIENTS:

Name	Admitted	Location	Discharged	Room	Link ID
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

## INTAKE DETAIL:

Date of Alleged Event: [REDACTED] Time: Shift:

Standard Notes: 1. What happened?

\*\*\*See attached complaint:

### Resident/Patient Details:

- Guardian/ next of kin:
- Is the resident/patient still at the facility:
- DOB: [REDACTED]
- Pertinent DX: Pregnant

03/09/2023: Complaint Intake referred to the State Licensing team for review. C. Maxwell

Extended RO Notes:

Extended CO Notes:

## ALLEGATIONS:

Category:  
 Sub-category:

Category:  
 Sub-category:

Transplant Program Type:

Seriousness:

Details:

Printed: 11/30/2023

Due Date:

Priority: Referral-Other

## ***INTAKE INFORMATION***

Intake Number: MI00135058

Facility ID: 836003

Provider Number:

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Reason for Restraint:

Cause of Death:

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END OF INTAKE INFORMATION